

The RRN Training Standards audit tool

Date: Auditor's name: Training curriculum:

Training provider (if relevant): Induction or refresher training?:

Any details on the service/intended population:

The RRN training standards aim to:

- protect people's fundamental human rights and promote person centred, best interest and therapeutic approaches to supporting people when they are distressed
- improve the quality of life of those being restrained and those supporting them
- reduce reliance on restrictive interventions by promoting positive culture and practice that focuses on prevention, de-escalation and reflective practice
- increase understanding of the root causes of behaviour and recognition that many behaviours are the result of distress due to unmet needs
- where required, focus on the safest and most dignified use of restrictive interventions including physical restraint

What does this tool do?

This training audit tool covers section 2 of the 2019 RRN Training Standards which covers the training content -i.e What theory should also be included in the training programme if a restrictive intervention (restraint) is being taught to delegates

Who is it for?

It can be used by anyone who want to check that the content of training being delivered complies with the new RRN Training Standards (2019) – families, managers of services, trainers, commissioners of training, people attending training, organisations etc . *Please note that the informal use of this audit tool for the reasons noted shouldn't be taken as evidence that the training is, or necessarily will be, formally certified by the RRN scheme. Full certification involves a review of various other systems including training needs analysis, quality assurance as well as the processes used to manage the risks associated with restrictive interventions.*

How to use this tool?

- 1 – This references the main standard. There are a total of 15 in section 2 of the RRN Training Standards
- 2 – This then introduces the sub-standards and provides an indication of what content needs to be covered in the relevant section of training
- 3* – This provides a space for the auditor to indicate whether or not the content is present on a course during a training observation
- 4* - Good training means that content is discussed and its implications linked to real world practice. The auditor is able to indicate whether this is undertaken.
- 5* – The standards require that knowledge and skills are assessed. The auditor can indicate whether or not they are assessed by the trainer.
- 6 – In certain circumstances some training content is delivered by different trainers, or sometimes online. Here the auditor can indicate who delivers training and how training it is delivered. This detail may be important when completing section 7.
- 7 – In the event training content needs to be updated, amended or introduced the auditor can create a corrective action plan using this space.

**This tool allows sections 3, 4 & 5 to be rated Yes/No or if the auditor wishes to use a more responsive rating scale that can be used to track change over time they can use the additional one provided:*

'0=Not Met',

'1=Partially Met' &

'2=Fully Met'.

Totals can be recorded in the right hand column for future comparison.

1. RRN Training Standard	Sub Standards	Content covered?			Discussed &/ or linked to or practice?			Knowledge or skills assessed?			WHO provides/ delivers this content/ module?	Actions required: WHAT? By WHO & By WHEN?	Section Total
Standard 2.1 Training content must support a person centred and rights based approach.	2.1.1 The importance of adopting a person centred approach at all times	0	1	2	0	1	2	0	1	2			/6
		Y	N		Y	N		Y	N				
	2.1.2 Legislation supporting individual rights: <ul style="list-style-type: none"> ● Human Rights Act ● Equality Act ● Mental Capacity Act ● Mental Health Act 	0	1	2	0	1	2	0	1	2			/6
		Y	N		Y	N		Y	N				
	2.1.3 Relevant legislation, regulations and guidance designed to uphold human and individual rights as they relate to specific populations, settings and nations	0	1	2	0	1	2	0	1	2			/6
		Y	N		Y	N		Y	N				

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		0	1	2	0	1	2	0	1	2			
Standard 2.2 Training content must cover duty of candour and duty of care in all settings	2.2.1 <ul style="list-style-type: none"> ● Definition of duty of candour & duty of care ● Obligations related to both ● How they relate to a culture of safety ● The role of reflective practice ● The organisations whistleblowing policy 	0	1	2	0	1	2	0	1	2			/6
		Y	N		Y	N		Y	N				
Standard 2.3 Training content must cover how attitudes to & attributions of distress or concerning behaviours can impact directly on responses to the people being supported.	2.3.1 <ul style="list-style-type: none"> ● Those factors affecting conscious and unconscious responses of staff ● How language can negative influence services and responses ● How negative attitudes and attributions can contribute to discrimination and power imbalances 	0	1	2	0	1	2	0	1	2			/6
		Y	N		Y	N		Y	N				

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Standard 2.4 Training content must cover the use of decision making in response to distress or behaviours of concern.	2.4.1 <ul style="list-style-type: none"> ● Define the principle of least restriction ● Explore how decisions impact on the use or non-use of strategies ● Link decision making to accountability ● Discuss advance directives (where relevant) ● Discuss organisational protocols for involving the police (where relevant) 	0	1	2	0	1	2	0	1	2			/6
Standard 2.5 The curriculum must give proportional time (no less than 1 day or 6 hours) to exploring primary strategies and preventative approaches	2.5.1 <ul style="list-style-type: none"> ● Reference to evidence based frameworks such as PBS ● Understanding the root causes of distress ● Understanding the communicative function of behaviours ● Meeting needs, and creating supportive environments ● The concept of proactive support ● The preventative role of relationships ● The concept of triggers or flashpoints and how they might be managed 	0	1	2	0	1	2	0	1	2			/6

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		0	1	2	0	1	2	0	1	2			
Standard 2.6 The curriculum must give proportional time (typically at least 3 hours) to covering the use of secondary strategies which alleviate the situation and prevent distress or behaviours of concern from escalating.	2.6.1 <ul style="list-style-type: none"> ● A definition of secondary strategies – both non-restrictive & restrictive ● Reference to any evidence-based frameworks ● Emphasis on person centred/ individualised approaches ● Time for demonstration and practice ● The importance of keeping records ● The importance of using the information to inform reduction and/or minimisation plans 	0	1	2	0	1	2	0	1	2			/6
		Y	N		Y	N		Y	N				
Standard 2.7 The curriculum must give proportional time to covering the use of non-restrictive tertiary strategies.	2.7.1 <ul style="list-style-type: none"> ● A definition of tertiary strategies – both non-restrictive & restrictive 	0	1	2	0	1	2	0	1	2			/6
		Y	N		Y	N		Y	N				

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Standard 2.7 The curriculum must give proportional time to covering the use of non-restrictive tertiary strategies.	2.7.2 <ul style="list-style-type: none"> Discuss the use of non-restrictive tertiary strategies 	0	1	2	0	1	2	0	1	2			/6
		Y	N		Y	N		Y	N				
	2.7.3 <ul style="list-style-type: none"> Time for demonstration and practice of each strategy 	0	1	2	0	1	2	0	1	2			/6
		Y	N		Y	N		Y	N				
	2.7.4 <ul style="list-style-type: none"> The importance of recording and keeping records The importance of using the information to inform reduction and/or minimisation plans 	0	1	2	0	1	2	0	1	2			/6
		Y	N		Y	N		Y	N				
	2.7.5 <ul style="list-style-type: none"> Any non-restrictive breakaway or disengagement techniques Time for demonstration and practice of each strategy 	0	1	2	0	1	2	0	1	2			/6
		Y	N		Y	N		Y	N				

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Standard 2.8 Teaching the use of restrictive interventions (may include physical restraint, physical restraint to facilitate seclusion or long term segregation, clinical holding, or mechanical restraint).	2.8.1 <ul style="list-style-type: none"> An explicit commitment to reduction of the use of all restrictive interventions and the provision of person centred support. 	0	1	2	0	1	2	0	1	2			/6
		Y	N		Y	N		Y	N				
	2.8.2 <ul style="list-style-type: none"> Any elevated risks associated with techniques, along with appropriate safeguards, limitations or restrictions. 	0	1	2	0	1	2	0	1	2			/6
		Y	N		Y	N		Y	N				
	2.8.3 <ul style="list-style-type: none"> A definition of the purpose of the intervention and the context in which it is to be used. 	0	1	2	0	1	2	0	1	2			/6
		Y	N		Y	N		Y	N				
	2.8.4 <ul style="list-style-type: none"> The concept of clinical holding 	0	1	2	0	1	2	0	1	2			/6
		Y	N		Y	N		Y	N				
	2.8.5 <ul style="list-style-type: none"> Trainer competence 	See: Section 4 of RRN Stds	See: Section 4 of RRN Stds	See: Section 4 of RRN Stds									

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		0	1	2	0	1	2	0	1	2				
Standard 2.8 Teaching the use of restrictive interventions (may include physical restraint, physical restraint to facilitate seclusion or long term segregation, clinical holding, or mechanical restraint).	2.8.6 <ul style="list-style-type: none"> ● The law in relation to the use of restrictive practices ● Reference to consent and consultation ● Relevant national guidelines ● Relevant policy and procedures ● The concept of last resort ● When restrictive interventions (in particular physical restraint shouldn't be used) 	0	1	2	0	1	2	0	1	2			/6	
	2.8.7 <ul style="list-style-type: none"> ● Relative risks (in relation to the specific intervention) ● General risk factors ● Personal/individual risk factors ● Warning or danger signs ● Action in event of an emergency 	0	1	2	0	1	2	0	1	2			/6	

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Standard 2.8 Teaching the use of restrictive interventions (may include physical restraint, physical restraint to facilitate seclusion or long term segregation, clinical holding, or mechanical restraint).	2.8.8 <ul style="list-style-type: none"> ● Risks in the training environment ● Safety rules ● Any person centred safety guidance 	0	1	2	Y	N	0	1	2	Y	N			/6
	2.8.9 <ul style="list-style-type: none"> ● Time for demonstration and practice of each strategy 	0	1	2	Y	N	0	1	2	Y	N			/6
	2.8.10 <ul style="list-style-type: none"> ● Training should be structured to contextualise interventions (inc practice routines) 	0	1	2	Y	N	0	1	2	Y	N			/6

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Standard 2.8 Teaching the use of restrictive interventions (may include physical restraint, physical restraint to facilitate seclusion or long term segregation, clinical holding, or mechanical restraint).	2.8.11 <ul style="list-style-type: none"> Two trainers for role play Only trainers to provide resistance to train against 	0 1 2	0 1 2	0 1 2			/6						
	2.8.12 <ul style="list-style-type: none"> Explore and emphasise how therapeutic relationships can be maintained 	0 1 2	0 1 2	0 1 2			/6						
	2.8.13 <ul style="list-style-type: none"> The importance of keeping records The importance of using the information to inform reduction and/or minimisation plans 	0 1 2	0 1 2	0 1 2			/6						

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Standard 2.9 Training must cover the factors that contribute to risk and elevated levels of risk in the application of restrictive interventions.	2.9.1 <ul style="list-style-type: none"> The physical, psychological or emotional risks The factors that may elevate risk – personal factors, service factors etc 	0	1	2	0	1	2	0	1	2			/6
		Y	N		Y	N		Y	N				
	2.9.2 <ul style="list-style-type: none"> The role and responsibilities of staff in managing risks to patients or service users 	0	1	2	0	1	2	0	1	2			/6
		Y	N		Y	N		Y	N				
	2.9.3 <ul style="list-style-type: none"> The role and responsibilities of staff in managing risks to themselves or colleagues 	0	1	2	0	1	2	0	1	2			/6
		Y	N		Y	N		Y	N				

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Standard 2.10 Training in restrictive interventions must consider emergency procedures, and cover the safety contingencies in place to manage the risk of a medical emergency arising.	2.10.1 <ul style="list-style-type: none"> The expanded responsibility (following on from 2.9.2) to respond to any developing emergency Covers the nature and extent of monitoring 	0	1	2	0	1	2	0	1	2			/6
		Y	N		Y	N		Y	N				
	2.10.2 <ul style="list-style-type: none"> What constitutes an emergency should be explored The warning signs that indicate the development of an emergency 	0	1	2	0	1	2	0	1	2			/6
		Y	N		Y	N		Y	N				
	2.10.3 <ul style="list-style-type: none"> Explore how social and human factors can influence objectivity and decision making in emergencies 	0	1	2	0	1	2	0	1	2			/6
		Y	N		Y	N		Y	N				

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Standard 2.10 Training in restrictive interventions must consider emergency procedures, and cover the safety contingencies in place to manage the risk of a medical emergency arising.	2.10.4 <ul style="list-style-type: none"> Staff responsibility and requirement to raise concerns urgently if health status deteriorates 	0 1 2	0 1 2	0 1 2			/6						
		Y N	Y N	Y N									
	2.10.5 <ul style="list-style-type: none"> A need to discontinue restrictive interventions Retaining an ability to recommence where safe, lawful and appropriate 	0 1 2	0 1 2	0 1 2			/6						
		Y N	Y N	Y N									
	2.10.6 <ul style="list-style-type: none"> The need to recognise and respond with Basic Life Support where necessary 	0 1 2	0 1 2	0 1 2			/6						
		Y N	Y N	Y N									
	2.10.7 <ul style="list-style-type: none"> Measures to prevent postural/positional asphyxia 	0 1 2	0 1 2	0 1 2			/6						
		Y N	Y N	Y N									
	2.10.8 <ul style="list-style-type: none"> The importance of keeping records 	0 1 2	0 1 2	0 1 2			/6						
		Y N	Y N	Y N									

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Standard 2.11 The curriculum must identify the full range of restrictive interventions and restrictive practices and their application.	2.11.1 <ul style="list-style-type: none"> ● Definitions of all forms of restrictive intervention ● Discuss restrictive practices ● Discuss blanket restrictions ● Discuss overt and covert restrictions 	0	1	2	0	1	2	Y	N	Y	N		/6	
	2.11.2 <ul style="list-style-type: none"> ● The definition of coercion ● The harms associated with coercion 	0	1	2	0	1	2	Y	N	Y	N		/6	
	Standard 2.12 The curriculum must cover the requirements for recording and analysing data from restrictive interventions and occurrences of distress or concerning behaviour.	2.12.4 <ul style="list-style-type: none"> ● Any regulatory or organisational requirement to record restrictive interventions and/or injuries ● The need for objective recording ● The use of data analysis to support restraint reduction 	0	1	2	0	1	2	Y	N	Y	N		/6

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Standard 2.13 The curriculum must include reference to the importance of required procedures that are related to post-incident review.	2.13.1 <ul style="list-style-type: none"> ● The definition/description of post-incident support ● The definition/description of post-incident reflection 	0 1 2	0 1 2	0 1 2			/6						
		Y N	Y N	Y N									
	2.13.2 <ul style="list-style-type: none"> ● The need for post-incident support 	0 1 2	0 1 2	0 1 2			/6						
	2.13.3 <ul style="list-style-type: none"> ● The procedure for accessing post-incident support 	0 1 2	0 1 2	0 1 2			/6						
	2.13.4 <ul style="list-style-type: none"> ● The need for post-incident reflection ● The importance of learning lessons from experience personally and organisationally ● The importance of using the information to inform reduction and/or minimisation plans 	0 1 2	0 1 2	0 1 2			/6						
		Y N	Y N	Y N									

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Standard 2.14 The curriculum must have content that enables participants to understand the meaning of 'trauma' and how it can impact on people's experience of restrictive interventions.	2.14.1 <ul style="list-style-type: none"> ● The definition of trauma ● The impact of trauma ● The role of a person's trauma history ● Taking a trauma-informed approach 	0	1	2	0	1	2	0	1	2			/6
	Y	N	Y	N	Y	N	Y	N					
Standard 2.15 The curriculum must contain reference to and explore understanding of restraint reduction theory.	2.15.1 <ul style="list-style-type: none"> ● Introduce evidence based model of restraint reduction e.g. six core strategies 	0	1	2	0	1	2	0	1	2			/6
	Y	N	Y	N	Y	N	Y	N					
	2.15.2 <ul style="list-style-type: none"> ● Describe local policy and procedure designed to support restraint reduction 	0	1	2	0	1	2	0	1	2			/6
	Y	N	Y	N	Y	N	Y	N					

