



## St. Leonard's Primary School

### Policy for Restrictive Physical Intervention

#### School Values and Policies

At St. Leonard's everyone is valued and together we reach for the stars. This vision is underpinned by our core values of care, teamwork, pride and respect. Our vision and values underpin everything we do and is supported by our Golden Rules; Be ready, Be respectful, Be safe.

The school behaviour policy outlines how staff at St. Leonard's Primary School create and maintain good order and relationships through positive approaches. These approaches are successful for the vast majority of the time. This policy on the use of restrictive physical interventions supplements the main behaviour policy. Both should be read in conjunction with the school SEN policy, the Health & Safety policy, and the Safeguarding policy.

The following should also be consulted: [Use of reasonable force in schools - GOV.UK](#)

#### Purpose of this policy

This policy aims to give all members of the school community clear guidance so that any physical intervention that they undertake is carried out in a way that supports the values and principles described above. In particular, it aims to describe the circumstances in which restrictive physical intervention is an appropriate response and how staff at school will fulfil their responsibilities in those circumstances.

The headteacher will be responsible for ensuring that staff and parents are aware of the policy. He/she will ensure that any necessary training/awareness-raising takes place so that staff know their responsibilities.

#### **Policy Objectives**

- that all methods of restrictive interventions are used as infrequently as possible;
- that restrictive interventions when used are used in the best interests of the individual service user/pupil

Every reasonable effort is made to minimise risk or harm or injury to anyone involved and that the need to maintain an individual's respect, dignity and welfare is maintained; and that restrictive physical interventions are risk assessed, so that the impact of the restrictive physical intervention will be minimised when key factors are evaluated and a planned approach is taken to incidents whenever possible.

#### Physical touch

The staff at St. Leonard's Primary School believe that physical touch is an essential part of human relationships. In our school, adults may well use touch to prompt, to give reassurance or to provide support especially in PE.

To use touch/physical support successfully, staff will adhere to the following principles. It must:

- be non-abusive, with no intention to cause pain or injury
- be in the best interests of the child and others
- have a clear educational purpose (e.g. to access the curriculum or to improve social relationships)
- take account of gender issues

At our school the Headteacher and SENCO are responsible for ensuring that relevant staff are aware of any pupil who finds physical touch unwelcome. Such sensitivity may arise from the pupil's cultural background, personal history, age etc.

What do we mean by ‘physical intervention’?

It is helpful to distinguish between:

Definition	Example	
Non-restrictive physical interventions = This is where the service user/pupil can move away from the physical intervention if they wish to.	Either where the child’s movement is not restricted or where the child is held supportively but such that they will be released immediately should they so wish	For example: <ul style="list-style-type: none"> <li>• guiding/shepherding a person from A to B</li> <li>• use of a protective helmet to prevent self-injury</li> <li>• removal of a cause of distress</li> <li>• physical presence</li> <li>• non-verbal prompts and directions</li> </ul>
Restrictive physical interventions by Staffordshire County Council is: “Any form of restrictive intervention, be it physical, mechanical, chemical, environmental or social/psychological intervention, which is designed and used (intentionally or unintentionally) to limit or restrict another’s liberty.” BILD (2006) Good Practice in Physical Intervention : a guide for staff and Managers	Prevent, or significantly restrict freedom of movement of an individual. Restrictive interventions generally carry a higher risk and require a greater degree of justification	For example: <ul style="list-style-type: none"> <li>• escorting and manoeuvring</li> <li>• temporary physical containment or holding</li> <li>• blocking a person’s path</li> <li>• interpositioning</li> <li>• full restraint of a child</li> </ul>

and between:

Emergency/unplanned interventions	Occur in response to unforeseen events
Planned interventions	In which staff employ, where necessary, pre-arranged strategies and methods which are based on a risk assessment and recorded in an individual plan for the management of a pupil

When is restrictive physical intervention permissible at St. Leonard’s Primary School?

Restrictive physical intervention is rarely used at St. Leonard’s Primary School. However, it will be necessary when its aim is to prevent a pupil injuring themselves or others (For example, pupils playing in a dangerously rough manner) or to prevent them damaging property (For example, pupils throwing a heavy object at/near to expensive computer equipment). [Section 550A, DFES Circular 10/98].

Physical restraint using reasonable force will only be used when other behaviour procedures have failed and it is obvious that a child is at risk of harming themselves, or others (including adults) or seriously damaging property.

There is no legal definition of reasonable force. The use of force can be regarded as reasonable only if the circumstances of the particular incident warrant it. The degree of force used must be in proportion to the circumstances of the incident and seriousness of the behaviour or the consequences it is intended to prevent. Any force must always be the minimum needed to achieve the desired result over the shortest possible time.

Section 550A also allows the use of force 'to prevent a pupil from engaging in any behaviour prejudicial to maintaining good order and discipline...'. However, the use of restrictive physical intervention for this purpose is acceptable only in rare circumstances at St. Leonard's Primary School.

### Risk assessment

Whenever it is foreseeable that a service user/pupil might require a restrictive physical intervention, then a risk assessment must be completed. It is essential that the outcomes of any assessment are made known to all relevant staff and other parties such as parents/carers. The assessment process is the same as for assessing any other form of risk and should be documented on an Individual Risk Assessment Form.

When undertaking this assessment:-

- Involve relevant agencies who may have an involvement with the individual, and their family members;
- Involve key people such as health professionals, social workers, specialist challenging behaviour nurse, psychologist etc. where necessary,
- Identify behaviours and settings that result in harm or damage from past incident reports/records;
- Determine how likely an incident needing restrictive physical intervention is to occur;
- Identify the degree of potential harm/damage resulting from not intervening;
- Document the agreed management strategies and the risk levels;
- If risks of intervening remain high risk, seek specialist advice and support;
- Agree review date and monitor that the protocols and management strategies are working effectively;
- Communicate the outcome of the risk assessment and management strategies/protocol to all relevant parties;
- Implement necessary training if training needs are identified.

When the need for restrictive physical intervention is agreed, it is important that appropriate steps are taken to minimise the risks to staff and service users/pupils. Adequate staff must be available to safely complete any holding and restraint that is undertaken as part of a planned strategy.

It is essential that following any intervention risk assessments are reviewed. It may be necessary to call a formal review meeting and revise the risk assessment and management plan. When reviewing the risk assessments it is important to review trends, personality dynamics, factors surrounding the incident, what happened in the days and hours beforehand to look for triggers or contributing factors.

The use of a restrictive physical intervention will be the outcome of a professional judgement made by staff on the basis of this school policy. It is avoided whenever possible and will not be used for staff convenience.

**Restrictive physical intervention will only be considered if other behaviour management options have proved ineffective or are judged to be inappropriate (or in an emergency situation).** Before deciding to intervene in this way, staff will weigh up whether the risk of not intervening is greater than the risk of intervening. Any actions will be carried out with the child's best interests at heart. Physical intervention will never be used to punish a pupil or cause pain, injury or humiliation. Guidance on this and more formal risk assessment is given in the CCES policy on risk assessment.

Staff are not expected to intervene physically against their better judgement nor are they expected to place themselves at unreasonable risk. In such circumstances, they must take steps to minimise risks. For example, by removing other pupils and calling for assistance.

### Who may use restrictive physical interventions?

In this school all teachers and teaching assistants are authorised provided they have followed the risk assessment detailed above.

Supply staff will not be authorised to use restrictive physical interventions except if they have been specifically authorised by the headteacher.

Parents and volunteers in the school are not given authorisation. Staff from the local education authority may have their own policies about the care and control of pupils but, whilst on the premises, they will be expected to be aware of, and operate within, the policy of this school. This means that visiting staff will need to ask the headteacher for authorisation.

### How staff at St. Leonard's Primary School might intervene

When a restrictive physical intervention is justified, staff will use 'reasonable force'. This is the degree of force 'warranted by the situation'. It will 'be proportionate to the circumstances of the incident and the consequences it is intended to prevent'. Any force used will always be the minimum needed to achieve the desired result and for the shortest amount of time.

Staff will:

- use the minimum amount of force for the minimum amount of time;
- avoid causing pain or injury; avoid holding or putting pressure on joints;
- in general hold long bones.
- never hold a pupil face down on the ground or in any position that might increase the risk of suffocation.

During an incident the member of staff involved will tell the pupil that his or her behaviour may be leading to restraint. This will not be used as a threat or said in a way that could inflame the situation. Staff will not act out of anger or frustration. They will try to adopt a calm, measured approach and maintain communication with the pupil at all times.

Acceptable methods of restrictive physical intervention are as demonstrated in training outlined by trained providers.

In an emergency, staff must summon assistance by sending the nearest responsible person to the nearest class teacher (permanent staff) or the school office, whichever is deemed the most appropriate at the time and place of the incident. The school office and headteacher must be informed that restrictive physical intervention is taking place as soon as it is safely possible.

The place of restrictive physical intervention within broader behavioural planning if, through the school's special needs assessment procedures, it is determined that a restrictive physical intervention is likely to be appropriate to help a pupil make progress, a risk assessment will be carried out following the school's guidelines.

If appropriate, an individual management plan will then be drawn up for that pupil. This plan will aim to reduce the likelihood of the need for restrictive physical intervention as well as describing how such intervention will be carried out. This plan will be discussed with parents/carers. When it involves the use of a restrictive physical intervention, medical colleagues will be consulted.

If it is agreed that a child or adult will require some form of restrictive physical intervention, there must be an up-to-date copy of a written protocol included in the individual's plan/records. (See Standard Document HSF57 Restrictive Intervention Protocol form upon which intervention strategies can be documented.)

### **Communication**

Information relating to intervention strategies should be discussed with the service user/pupil and their families/parents/carers prior to the implementation. All parties should be in agreement with the intervention strategy. If this is not possible, differences of opinion must be documented and recorded in the individuals care plan/records.

Before the plan is implemented, any necessary training or guidance will be provided for the staff involved. The headteacher and / or health and safety leader will be responsible for establishing staff needs and for organising necessary training.

### What to do after the use of a restrictive physical intervention

After the use of an unplanned restrictive physical intervention, the following steps will be taken.

- details of the incident will be recorded by all adults involved immediately on the attached form. A copy will be kept on file by school.
- recording will be completed within 12 hours whenever possible. Staff will be offered the opportunity to seek advice from a senior colleague or professional representative when compiling their report.
- any injuries suffered by those involved will be recorded following normal school procedures.
- the headteacher will check that there is no cause for concern regarding the actions of adults involved. If it is felt that an action has 'caused or put a child at risk of significant harm' the headteacher will follow the school's child protection procedures and also inform parents/carers.
- parents/carers will be informed by the headteacher on the day of the incident. If this is initially done by phone, it will be followed up in writing. Parents/carers will be offered the opportunity to discuss any concerns that they may have regarding an incident.
- support/debriefing will be available for adults and pupils who have been involved in any incident involving restrictive physical interventions. This will be provided by headteacher and staff will be reminded of support available via Think Well.

Arrangements for recording and informing parents in the case of a planned restrictive intervention will be followed as agreed beforehand but broadly will follow the same pattern as above.

If the incident is also an act of violence or aggression then HSF9 Violence and Aggression Report Form must also be completed, this form or HSF40 Accident Investigation Report Form must be completed to record any injuries that result from the use of a restrictive physical intervention. Further details of activities that should be undertaken following incidents of Restrictive Physical Intervention are provided in and Restrictive Physical Intervention Schools and Children G16.

The headteacher will use the records kept to analyse patterns of behaviour and so decide whether responses are being effective. The headteacher will report on this information to the Governing Body annually.

### **Information, Instruction and Training for staff**

It is the responsibility of managers and Headteachers to identify the information, instruction and training required to ensure staff can safely employ restrictive physical intervention strategies and techniques where they may need to implement these strategies on a planned basis or potentially in an emergency situation. Training provided to staff should be to the level they are identified as requiring. Training staff in skills they will never use is not necessary and the skills are soon lost. Staff involved in use of planned interventions must have suitable training, for their own safety and that of the service user/pupil.

Training in the use of restrictive physical interventions must be recorded and refreshed in accordance with the training provider's accreditation scheme.

It is the responsibility of those purchasing training to ensure that the training provider is competent, has suitable accreditation and that staff undertaking the training will be assessed as to their competency. Training provided must cover the use of Primary/Active and Secondary/Reactive control strategies (see 5.1.2) as well as the physical techniques and should be suitable for the environment and service users/pupils it will be employed upon. It is not suitable to provide staff with physical intervention techniques without putting its use into appropriate context.

Any training regarding Restrictive Physical Intervention and associated practises should be carried out by accredited organisations, for example accredited under the BILD National Physical Intervention Accreditation Scheme. This will ensure that training is facilitated by suitably qualified, professional trainers with an appropriate background and experience of the services delivered.

Commissioners of such training must ensure that the physical techniques that staff will be taught have been medically risk assessed and assessed to ensure that they are not adverse or painful in their application. The council has in place tenders prepared for the suppliers of restrictive physical intervention training in both adult and child settings.

### **Dress Code**

Where staff may be involved in the application of restrictive physical interventions must implement adhere to:-

- wear suitable clothing that allows freedom of movement;
- wear sensible low heel footwear;
- not wear any jewelry and/or piercings that could cause injury; and
- ensure that finger nails are kept short to prevent scratching injuries to service users/pupils when implementing any physical interventions.

### **Infection Control**

Since the nature of aggression and violence can be unpredictable, there is a risk to staff of contamination from bodily fluids because of injury. These risks may be as a result of biting, scratching, self-harm causing bleeding etc. In order to minimise risk, staff must cover any open wounds e.g. cuts/skin lesions and with an appropriate adhesive dressing.

### **Complaints procedure**

Any complaint will first be considered in the light of the school's child protection procedures. If child protection procedures are not appropriate, the school's complaint procedures will be followed.

### **Key Accountabilities**

#### **Headteachers**

Implement the practices detailed within this policy;

- Ensure that the use of planned restrictive physical intervention is risk assessed and management strategies clearly documented on the pupil's individual care plan/records
- Inform employees how to report and record the use of restrictive physical interventions, and ensure that these reports are reviewed and monitored regularly;
- Assess training requirements for employees and where training needs are identified ensure that suitable training is provided and refreshed at appropriate intervals;
- Seek specialist advice when necessary to ensure that use of restrictive physical intervention is used as a last resort and employees use primary and secondary controls to manage behaviour, so reducing the need for the use of restrictive physical interventions;
- Ensure that employees involved in the use of restrictive physical interventions receive suitable debriefing and support following an incident;
- Communicate at the planning stages, during the development of management strategies and during the reviewing process with service users, their family/carers and in the case of children the person with parental responsibility;
- Report on the use of restrictive physical intervention with service users to their family/carers and in the case of children the person with parental responsibility; and
- Ensure that consent for the use of restrictive physical interventions has been gained and is clearly documented.

#### **Employees**

Familiarise themselves with the risk assessments and management strategies for the use of restrictive physical interventions.

Report the use of any restrictive physical intervention in accordance with this policy and local service arrangements.

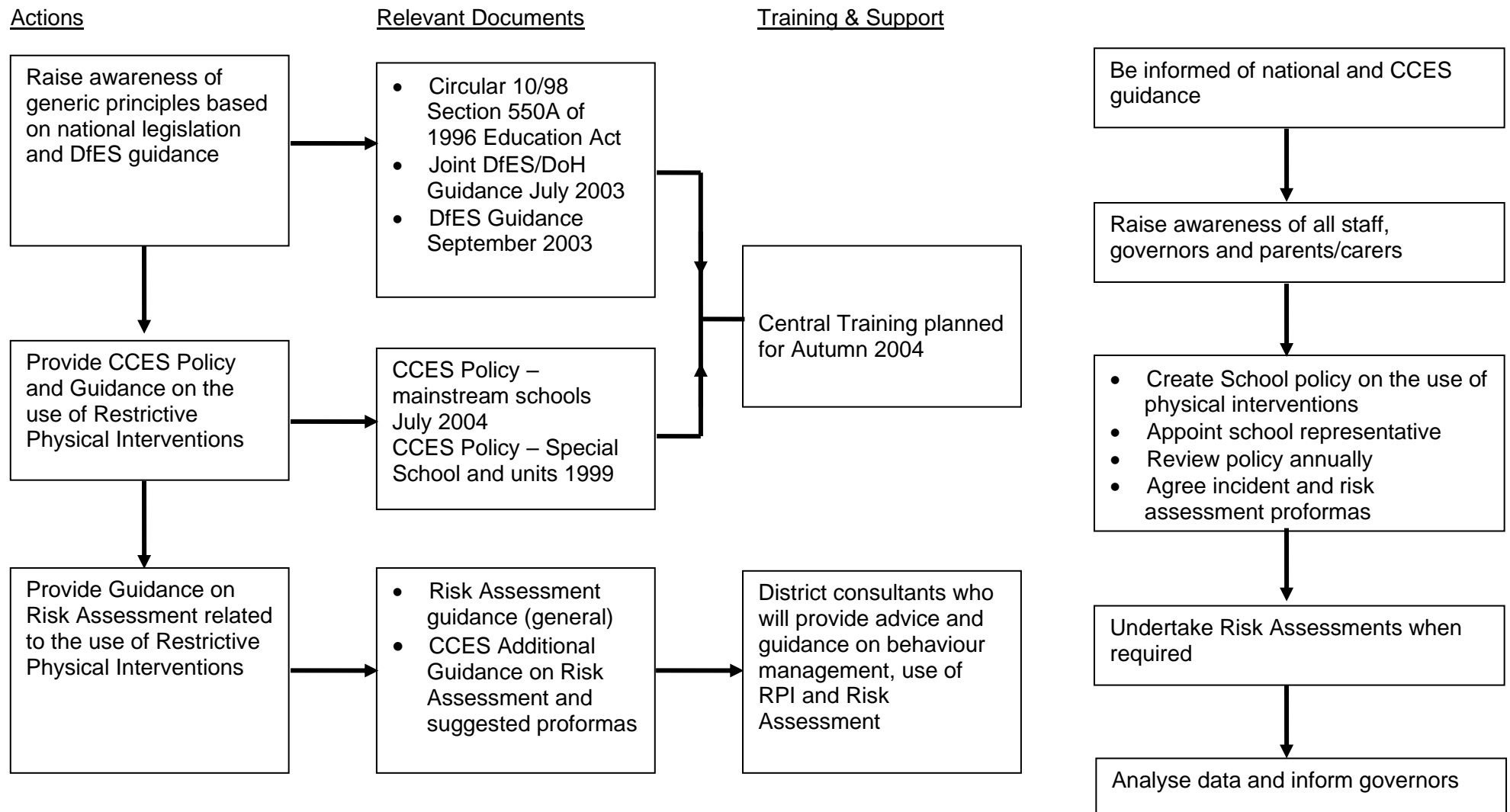
Attend training provided and then use the skills gained in line with training guidelines and in accordance with risk assessments and management strategies whenever possible;

- Ensure that any physical force used in the workplace is reasonable, proportionate to the risk and with suitable justification; and
- Report any concerns regarding management of service user/pupil behaviour or the use of restrictive physical interventions to a line manager immediately.



## Education Service Responsibilities

## Whole School Responsibilities



IMPORTANT NOTE

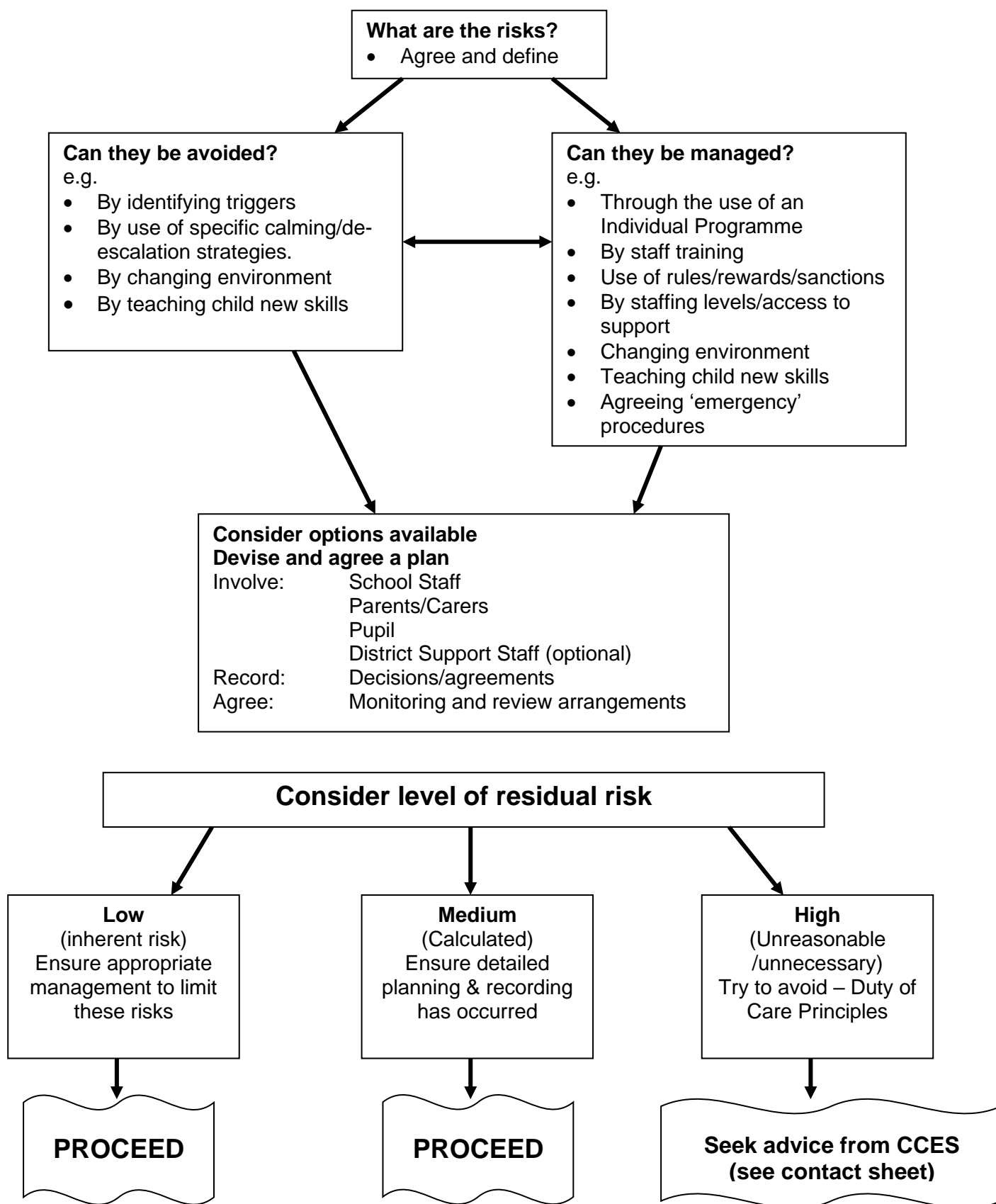
Behaviour Support Co-ordinators/Assistants provide practical advice. They do not have the established relationship with the pupil to be expected to use physical management. To do so would require written authorisation from the Headteacher.

## FORESEEN RISKS ~ Risk Assessment Process

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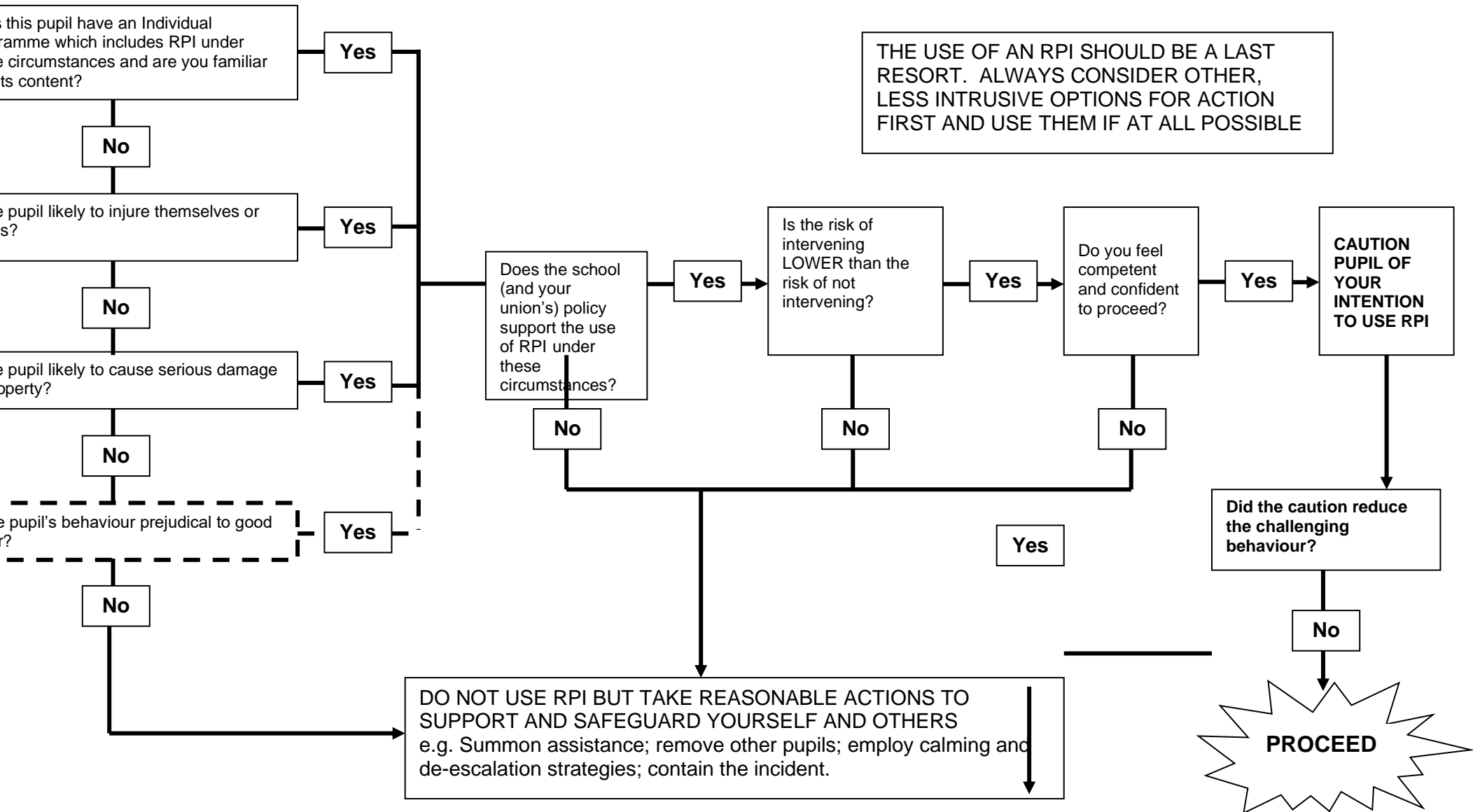
Where risks are foreseen, they should be examined and decisions made about strategies to reduce and manage them.

SEE RISK ASSESSMENT PROFORMA FOR ADDITIONAL GUIDANCE



# Assessment and the use of Restrictive Physical Interventions

Using a restrictive intervention carries increased risks. Use is also covered by legal guidance and DfES advice. Consider the following questions to consider BEFORE using a Restrictive Physical Intervention (RPI):





## Risk Assessment Proforma

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<b>Pupil Name:</b>	<b>Date of Birth:</b>	<b>Age:</b>
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<b>Nature of Behaviour:</b> (What? When? How?)
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<b>Frequency:</b> (Be specific. Support with available data)
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	Nature of risk	Degree of risk*		
		Severity / Intensity A	Frequency / likelihood B	Overall level of risk AxB
To the pupil				
To others (specify who)				

Property				
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(Reference Policy document)

Either rate: \* Low (L) Med (M) High (H)  
or use CCEs numerical ratings (see over)

**Risk Reduction Options**

Are the following in place?

	Information attached
Individual Behaviour Plan or Pastoral Support Plan	
Staff Training / Information	
Staffing / access to support	

Options	Benefits	Drawbacks

**Agreed strategies, actions and procedures for managing risks**

Focus of measures	By whom?
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**STOP! Are the strategies REASONABLE and PROPORTIONATE to the risks presented by the behaviour?  
Level of Residual Risk (i.e. after risk reduction options have been agreed)**

	Nature of risk	Degree of risk*		
		Severity / Intensity A	Frequency / likelihood B	Overall level of risk AxB
To the pupil				
To others (specify who)				
Property				

Either rate: \* Low (L) Med (M) High (H)  
or use CCES numerical ratings (below)

Low (Inherent / acceptable risk)	Medium (Calculated)	High (Unreasonable / unacceptable)
Ensure appropriate	Ensure detailed planning	Try to avoid - Duty of care

management to limit these risks	and recording has occurred	principle - Seek advice from CCEs
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Review date:

Consultation and agreement:

	<b>Staff</b>		
<b>Consulted</b>			
<b>Agreed</b>			

CCEs Numerical Rating:

Hazard Ratings (A)	1=Minor Injury
	2=Major Injury
	5=Death

Likelihood (B)	2=Unlikely
	4=Occasional
	6=Probable

Risk Priority (C)	12-30=High
	6-12=Medium
	2-4=Low



## 2. DESCRIPTION OF THE INCIDENT (WHAT HAPPENED?)

Who was involved? Focus of incident	Nature of incident	Effects
Pupil to pupil <input type="checkbox"/>	Verbal abuse/outburst <input type="checkbox"/>	Disruption <input type="checkbox"/>
Pupil to adult <input type="checkbox"/>	Threatened violence <input type="checkbox"/>	Distress to self (pupil) <input type="checkbox"/>
Self harm <input type="checkbox"/>	Risk of injury <input type="checkbox"/>	Distress to others <input type="checkbox"/>
Damage to property/equipment <input type="checkbox"/>	Physical abuse/attack <input type="checkbox"/>	Injury <input type="checkbox"/>

Antecedents (What lead up to the incident):

Behaviour:

Action taken to manage/de-escalate the behaviour prior to use of physical intervention:

Description of the physical intervention used:

- Was this a planned (IBP)/unplanned intervention? (delete as appropriate)
- Duration of physical intervention:
- Was anyone injured? YES/NO If YES, give details of injury and any medical support given:

**3. CONSEQUENCES**

Incident reported to Headteacher/Deputy/Other member of SMT (specify) \_\_\_\_\_

Parents Contacted - Phone/Letter  Time: \_\_\_\_\_ By Whom: \_\_\_\_\_

In School/Class Sanctions:

Detention  Date: \_\_\_\_\_

Outside Agencies Involved YES/NO If YES, who? \_\_\_\_\_

Accident/Incident form/book  Health and safety form/book

Other recording (specify)  Other notification

Signed: \_\_\_\_\_ Member(s) of Staff

Date \_\_\_\_\_

#### 4. FURTHER ACTIONS

##### Post Incident Support:

##### Staff

Staff 'Debrief' Requested YES/NO

Provided by \_\_\_\_\_ Date \_\_\_\_\_

Follow Up Session Requested YES/NO

Details \_\_\_\_\_

##### Pupil

Post Incident Support given by \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ (Member of Staff) Date \_\_\_\_\_

Signed (optional) \_\_\_\_\_ (Pupil)

#### PLANNING AND FURTHER ACTIONS

Do any of the following need review and possible change? Please tick appropriate ones.

- Pupil individual programme (e.g. IBP/PSP)
- Teaching targets/curriculum offered
- Teaching groups
- Aspects of physical environment
- Defusing and calming strategies
- Staffing

What steps have/will be taken to address identified areas?

Was any further, related action taken by Head/Deputy    YES/NO

Specify:

Signed: \_\_\_\_\_ (Head/Deputy)

Date: \_\_\_\_\_