

# THE CANON BARNETT PRIMARY SCHOOL

## PHYSICAL INTERVENTION POLICY

### Introduction

This policy provides a framework for the use of Physical Intervention (PI) within Canon Barnett School and should be read in conjunction with the school's behaviour policy. This policy takes into account information provided in DfE guidance: Use of Reasonable Force – Advice for head teachers, staff and governing bodies (2012), as well as the DOH and DFES "Guidance for Restrictive Physical Interventions. How to provide safe services for people with Learning Disabilities and Autistic Spectrum Disorder." (July 2002).

Central to our policy is the understanding that any Physical Intervention used by staff must be in accord with the idea of "Reasonable Force", and that it will usually only be used as a last resort once all other strategies have been exhausted. The use of force will only be regarded by the school as "reasonable" if the circumstances of the particular incident warrant it, and the degree of force employed is proportionate to the level of challenging behaviour presented, or the consequences it is intended to prevent.

It is essential that any discussion of Physical Intervention (PI) is set in the wider context of education and behaviour management; it should not be seen as an isolated technique. For most children in the school, there will be no need for any Physical Intervention at all, except in exceptional circumstances. However, for a few children with more complex needs, including some children with autism, there may be more frequent occasions when staff will need to use a Physical Intervention.

### Objectives

Our key objective when considering the use of a Physical Intervention is the safety of pupils and staff, and actions will be taken in accordance with the idea of the best interests of the pupil in question insofar as this is possible, whilst maintaining the safety of others, e.g. if a child is attacking other people, the child may have to be held until he stops doing so.

Staff may also consider using a Physical Intervention to prevent **serious** breaches of school discipline, e.g. a child who is seriously disrupting a lesson and refuses to leave the class must be escorted from the room.

In some circumstances, staff may also have to use a Physical Intervention to prevent **serious** damage to property, e.g. a child who is trying to smash equipment may need to be escorted away from the situation, particularly if there is any health and safety risk. If the child will not leave the class, the teacher should remove the class from the situation.

### Deciding Whether to Use Physical Intervention

Staff should avoid using Physical Intervention whenever possible. However, they should be aware that, as employees of the school, they have a duty of care in respect of the children, and that a failure to take reasonable action may be a breach of that duty of care. Staff will need to assess the potential risk of intervening physically with the potential risk of not intervening. Other factors to be considered include the seriousness of the potential consequences of not intervening, and the chances of success of using a method that does not involve Physical Intervention. The school recognises that staff are

asked to make difficult decisions, with little time for reflection, and will support staff who act in good faith, and with the best interests of the pupils and staff in mind.

## Using Force

Physical Intervention should only be used when it is reasonable, proportionate and absolutely necessary. If force is used, it should be the minimum necessary for the shortest period of time by staff trained in PI who should be called to assist in the event a non-trained staff member is dealing with such a situation. The least restrictive Physical Interventions, such as guiding by the arm, should be considered before more restrictive ones

Staff trained in PI should ensure that they do the following when using a restrictive Physical Intervention:

- If possible, ensure another responsible adult is present to support, observe or call for assistance. The yellow emergency card should be sent with a child to request assistance from another adult if the member of staff thinks a Physical Intervention will need to be used.
- Continue using de-escalation strategies throughout.
- Give a clear oral warning to the pupil that force may have to be used.
- Continue communicating to the pupil throughout.
- Make it clear to the pupil that you are keeping them safe, and will release them as soon as they can be safe.
- Ensure that the pupil has a get out with dignity.
- Accept help from other members of staff.

## Help Script

All staff are expected to support colleagues dealing with incidents. To ensure that everyone is clear about how to support one another, we have adopted the Team Teach help script.

On seeing a colleague dealing with an incident, all staff should use one of the following two phrases:

1. **“Help’s available”** – to offer support and to see if your help is needed.
2. **“More help”** – to indicate that you intend to take control of the situation, *even if help has been declined.* \*

The staff member dealing with the incident should respond as follows:

- To “Help’s available” – say whatever help is needed, including none.
- To “More help” – the **ONLY** response is **“What do you suggest”** – this allows the incoming team member to take over the situation in a controlled manner.

\* All staff should be confident to initiate taking over an incident by saying **“more help”** if they feel that another member of staff has become too involved in the incident, and is unknowingly contributing to it. However, any staff member who says “more help” should be able to give their reasons for doing so after the incident to the staff member they have taken over from.

It is an expectation that all staff will request and accept help when dealing with a difficult situation.

## **Authorisation of Staff**

### Permanent Authorisation

All staff authorised by the Headteacher to have control or charge of pupils automatically have the statutory power to use force, this includes: all teaching staff, teaching assistants, early years practitioners, learning support assistants, learning mentors and mid-day meals supervisors

There will be occasions when the Headteacher may ask that other staff or volunteers are briefed about any children who may need physical intervention and the process they should follow if they need to assist in such matters.

## **Staff Training**

The school recognizes that staff who need to use Physical Intervention should be able to do so safely, and with proper support. All staff who have an increased risk of having to use Physical Intervention, i.e. staff working with specific children, should take the Team Teach course in Positive Handling Strategies. Team Teach is fully accredited by the British Institute for Learning Disabilities (BILD), under a government sponsored scheme, to deliver courses in Physical Intervention.

### **Team Teach Trained Staff - Accepted Physical Interventions Used**

All staff who have successfully completed the Team Teach training are authorised to use Team Teach techniques. A list of staff who have completed this training is held by the Headteacher. Once staff have received their full training, top up training will take place as necessary.

Team Teach holds have been fully risk-assessed, and are deemed safe to use if executed properly. However, there is always a potential for injury to both staff and pupils when a Physical Intervention is used, particularly if holds are not used correctly. For this reason, it is a condition of the Team Teach training that staff can only be trained to use the Team Teach techniques by certified Team Teach tutors. No other staff should attempt to show anyone else how to perform a Team Teach technique. However, staff who have completed the training are encouraged to support one another in using the correct techniques.

***Note: “Team-Teach techniques seek to avoid injury to the service user, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent side effect of ensuring that the service user remains safe”. (George Matthews – Director of Team Teach)***

The following are accepted Team Teach strategies that have been taught to staff.

***Note: Only Team Teach trained staff are authorised to use these techniques, and they are only authorised to use the specific techniques they have been taught:***

## Personal Safety – Safe Disengagements for Staff

- wrist grabs
- neck grabs
- hair and clothing grabs
- bites
- punches and kicks

Staff should disengage from, the above as shown during training.

## Re-directing or Disengaging Children Safely

- 'Caring C' guides
- Steering away

## A Range of Escorts and Holds Ranging from Least Intrusive to Most Intrusive

The following table shows a list of graded and gradual responses aimed at Physical Intervention with the appropriate use of “reasonable force”. Restraints where 2 people are used will be deemed as more restrictive holds, but in some cases they may be much safer than a single person response. The more restrictive the hold, the greater the risk; staff need to make a risk assessment based on the situation to decide at what level they should intervene. Whenever possible, 2 staff should be present when a Physical Intervention is used.

Staff should always follow the “Help Script” whenever they see a colleague involved in a Physical Intervention. All Team Teach trained staff should be acting as “critical friends” to ensure that holds are used correctly and safely – they should be prepared to take over a situation if necessary, even if help is declined, by using the code words “More help...” from the Help Script. However, after the incident, they should be ready to explain to their colleague why they had to take over.

Any difficulties using any Team Teach techniques should be brought to the attention of a SLT who will monitor, provide advice and support, and make risk assessments as necessary.

<b>Increase in Level of Intrusion</b> → → → → →	<u>1 Person Standing/Walking</u> Friendly Hold Single Elbow Figure of Four Double Elbow                      T-Wrap		<b>Associated Increase in Level of Risk</b> → → → → →
	<u>2 Person Standing/Walking</u> Friendly Hold Single Elbow Figure of Four Double Elbow	<u>1 Person to Chairs</u> Friendly Hold Single Elbow Figure of Four Double Elbow /T-Wrap	
	<u>2 Person to Chairs</u> Friendly Hold Single Elbow Figure of Four Double Elbow		

	<u>1 Person to Ground Recovery</u> Friendly Hold Single Elbow Figure of Four Double Elbow/T-Wrap	
	<u>2 Person to Ground Recovery</u> Friendly Hold Single Elbow Figure of Four Double Elbow	

NB Ground recovery holds are the most restrictive and carry the highest level of risk. Staff are not taught floor holds and should avoid going to ground whenever possible. However, if the child drops to the ground during a standing/walking hold, staff have been trained in how to follow the child to the ground in a controlled way to minimise the risk of injury.

### **Placing Physical Intervention in Context – Minimising the Need to Use Force**

Physical Intervention is never seen in isolation at Canon Barnett Primary School. It is just one strategy available to staff and should generally be seen as a last resort when all other strategies have failed. Physical interventions can be placed in 2 broad categories:

#### Emergency Interventions:

Emergency interventions will involve staff using a Physical Intervention to respond to an unforeseen incident. This will occur when all other strategies have been exhausted, or immediately if the incident requires a rapid physical response (for example a child running on to a busy road).

#### Planned Interventions:

Planned interventions involve staff employing an agreed response to an identified behaviour. This will be documented in a Positive Handling Plan and will be reviewed termly. Permission of parents/carers will be sought before Positive Handling Plans are implemented. The Positive Handling Plan will list the accepted strategies to be used if the behaviour occurs, as well as strategies that may be used to try to prevent the behaviour occurring. A risk assessment will also be completed identifying the risks involved in using the specific Team Teach hold/s, as well as the risks involved if a planned Physical Intervention is not used. Parents/carers should be made explicitly aware of what the Physical Intervention will look like, including being shown if necessary.

Physical Intervention should be seen in an environmental context. By creating calm learning environments appropriate to the needs of the children, the need to use Physical Intervention will be reduced. Where possible, staff will adapt their classrooms and their communication styles for specific pupils in their class.

For example, for children with autism, classrooms should be arranged so that they are visually clear, i.e. children understand what is expected of them in each part of the room. The furniture should be arranged to support on-task behaviour, e.g. work-stations should be as free from distraction as possible. Staff should ensure instructions are understood by using short sentences, and visual cues as necessary. Children should be given sufficient time to process

instructions. Tone of voice can also make a difference. Staff should adopt a calm, neutral tone to deliver instructions and when directing children.

Behaviour management strategies should be aimed at reducing the need for Physical Intervention. Strategies used can be divided into those that are preventative and those that are reactive.

Preventative Strategies need to be:

- Clear and understood by all those who come into contact with the individual
- Based on thoughts/discussion about possible reasons for Challenging Behaviour

Reactive Strategies need to be:

- Clear and understood by all those who come into contact with the individual
- Manageable
- Focused on the behaviour, not the child
- Flexible
- Aimed at de-escalation

## **Risk Assessment**

In the case of emergency interventions, staff will make a dynamic risk assessment at the time of the incident, comparing the risks associated with intervention against the risks of not intervening. Sometimes this assessment may have to be made in a split second.

In the case of planned interventions, staff involved with the child will meet with a member of staff responsible for Physical Intervention in the school a SLT member. A risk assessment (see Appendix 1) will be filled out prior to a Positive Handling Plan being put in place.

## **Reporting and Monitoring of Incidents**

Reporting and monitoring is of paramount importance for a number of reasons, including:

- Protection for staff and pupils
- Providing information about individual children's behaviours
- Providing information about changes in children's behaviour (positive or negative which may point at something else)
- Keeping a record of the number of incidents so that times/areas in which most incidents occur can be tracked, and children's needs can be met

Recording and reporting at Canon Barnett Primary School can be split into 2 categories:

- Pre-incident
- Post-incident

The table below details the systems for Recording/Reporting within the school and their purpose.

	<b>Document</b>	<b>Purpose</b>
<b>Pre-Incident / Event</b>	Behaviour Strategies	A list of suggested strategies that will work with a particular pupil. Drawn up by teachers or the SENCo with input from other colleagues and professionals as appropriate.
	Behaviour Plans	Aimed at providing specific strategies for a specific behaviour. A review date is set and behaviour is monitored and recorded. Parents/Carers to be consulted and sought – they need to sign the Behaviour Plan.
	Positive Handling Plans	If Physical Intervention is necessary, then a Positive Handling Plan needs to be drawn up (see Appendix 3), and this will replace the behaviour plan. This details planned Physical Interventions to be used in specific situations, as well as listing other strategies to be used beforehand. A risk assessment (see Appendix 1) will also have to be filled out by a member of staff responsible for PI. The Physical Interventions to be used will be explicitly explained to parents; a member of staff responsible for PI to support if necessary. Parents/carers consulted and permission sought – they need to sign the Positive Handling Plan.

	<b>Document</b>	<b>Purpose</b>
<b>Post-Incident / Event</b>	Incident Form	To be filled out in the event of an incident involving: <ul style="list-style-type: none"> <li>• risk of harm: e.g. child running off site</li> <li>• injury: to self or others</li> <li>• physical intervention: emergency or planned (see Appendix 2).</li> </ul>
	Incident Log	Any Incident Forms filled out must also be logged in the School Incident Log as appropriate: both are dated and signed. All Incident Forms and the Incident Logs must be completed within 24 hours of the incident.
	Notifying Parents	Parents/carers will be notified in the event of an Emergency Physical Intervention, either by telephone, or in person at the end of the school day.

## **Post Physical Intervention Procedures**

As soon as is reasonably possible after an incident, staff need to fill out an Incident Form and give it to a SLT member.

The SLT member or SENCo who will provide a debrief of procedures pertaining to this matter to the staff member and check their welfare as soon as possible, within the same day. The SLT member or SENCo will also sign the Incident Form.

When both the staff member and the child involved have had time to calm down after the incident, then a debrief needs to take place between them, insofar as the child is able to understand. This should include, if appropriate, a discussion about strategies that the child could use in the future.

Termly, the Headteacher will meet with the SENCo to review Incident Forms, and to discuss incidents. The completed Incident Form is to be given to the the Headteacher.

Any concerns about individual children and matters arising from incidents will be brought to the attention of the Headteacher.

Serious incidents will be brought to the attention of the Headteacher immediately.

## **Child Protection**

All staff should be aware that they have a duty of care towards the pupils. Physical Intervention should only be used as outlined in this policy. All instances of suspected misuse of Physical Intervention by a member of staff, or anyone else, should be reported immediately to a member of staff responsible for Child Protection.

Force cannot be used as a punishment – it is always unlawful to use force as punishment.

## **Supporting Staff and Pupils**

The school recognizes that incidents which result in the use of Physical Intervention may be upsetting for both staff and pupils. We will ensure that everyone involved is properly supported. Part of the debrief will be to check on the welfare of staff and pupils involved.

Staff and pupils involved in an incident will be debriefed and supported by a SLT member.

## **Policy Monitoring and Review Date**

This Policy is effective from July 2016. The policy will be reviewed in July 2017 and its effectiveness will be monitored. All staff need to sign that they have read it, and will be following it.

Appendix 1: Risk Assessment Form

Appendix 2: Incident Form

Appendix 3: Positive Handling Plan



## **Further Information**

The following documents are available online at the following links:

“Use of Reasonable Force – Advice for head teachers, staff and governing bodies (DfE, April 2012)  
<http://www.teamteach-tutors.co.uk/guidance/documents/DFE%20UOF%20April%202012.pdf>

“Guidance for Restrictive Physical Interventions. How to provide safe services for people with Learning Disabilities and Autistic Spectrum Disorder.” (DfES and DoH, July 2002).  
[http://www.teamteach-tutors.co.uk/guidance/documents/DOH\\_DfES\\_RPI\\_July02.pdf](http://www.teamteach-tutors.co.uk/guidance/documents/DOH_DfES_RPI_July02.pdf)

<b>Risk Assessment Completed by:</b>		
<b>Name of Child:</b>		
<b>Age:</b>	<b>Class:</b>	
<b>Identification of Risk</b>		
Describe the foreseeable risks:		
Is the risk:	potential	occurring
<b>Assessment of risk</b>		
In which situations does the risk usually occur?		
How likely is it that the risk will occur? (unlikely, possible, probable, likely)		
If the risk arises, who is likely to be injured or hurt?		
What kinds of injuries or harm are likely to occur?		
How serious are the adverse outcomes? (severe, substantial, minor, minimal)		

### **Risk Reduction Options**

What actions are being taken to minimise the level of risk?  
(Consider changes to environment, awareness of triggers, de-escalation strategies, varying staff deployment, varying teaching group/size, access to quiet area)

Any immediate actions to be taken, by whom and by when?

**Signed:**

**Role:**

**Date:**

**Copy to:**

**Physical Intervention Incident Recording Form**

**Appendix.2**

<b>Name of Child:</b>	
<b>Child's Date of Birth:</b>	<b>Class:</b>
<b>Date of Incident:</b>	
<b>Time of Incident:</b>	
<b>Location of Incident:</b>	

<b>Name(s) of staff involved:</b>	<b>Name (s) of witnesses:</b>
<b>Reason for intervention:</b> (E.g. Injury to a person, Damage to property,, Serious disruption, Absconding)	<b>External agencies informed: (Circle where appropriate)</b> <ul style="list-style-type: none"> <li>• Medical staff</li> <li>• Parent/carer</li> <li>• Social worker</li> <li>• Police</li> <li>• Other (Please detail)</li> </ul>

**Describe events leading up to the incident including what was said by the parties involved:**

✓

**Behaviours that occurred by the child:**

Verbal abuse	Slapping	Punching
Biting	Pinching	Spitting
Kicking	Hair grab	Neck grab
Clothing grab	Body holds	Arm grab
Weapons/missiles	Head butting	Self-harm (Please detail)
Pushing	Disruption	Damage to property
Other (Please detail)		

Who was at risk?

**Describe the steps taken to defuse or calm the situation:**

✓ **Diversions, Distractions & De-escalation strategies attempted:**

Verbal advice	Limited choice
Clear directions	Distraction
Negations	Planned ignoring
Take up time	Consequences
Time out	Humour
Change of staff	Success reminders
Other (Please detail)	

✓	
<b>PI Escorts &amp; Holds used &amp; duration of restraint:</b>	
	Other:
<b>Why was this action in the best interest of the child?</b>	
<b>Detail any medical intervention that may have been actioned as a result of the incident:</b>	
Injury to child	Action taken
Injury to staff	Action taken
Injury to others	Action taken
✓ <b>Action following the event:</b>	
Designated Person for Safeguarding has checked this record:	
Parent/carer informed:	
Risk assessment to be carried out/reviewed:	
Positive Handling Plan to be completed/reviewed:	
Procedural change:	
Child support:	
Adult support:	
Completed by:	Role:

**Positive Handling Plan**

**Appendix.3**

	<b>Name of child:</b>	<b>Age:</b>
	<b>Triggers</b>	<b>Medical Information:</b> (that need taking into account before physically intervening)

<b>Stage of Crisis:</b>	<b>Topography of behaviour</b> (Describe what the behaviour looks/sounds like)	<b>Preferred supportive/intervention</b> (Describe strategies that should be attempted at each stage, including critical friends)
(Describe common behaviours/situations which are known to have led to positive handling being required)		
<b>Anxiety</b>		
<b>Defensive/Escalation</b>		
<b>Crisis</b>		
<b>Recovery</b>		
<b>Depression</b>		
<b>Follow Up</b>		

**Additional information/Preferred handling:** (Describe preferred holds, standing, sitting stating numbers and names of preferred staff and useful 'get outs' that can be used when holding)

**Plan agreed by**  
**Name** (child) \_\_\_\_\_ **Signed** \_\_\_\_\_ If appropriate  
**Name** (parent/carer) \_\_\_\_\_ **Signed** \_\_\_\_\_

7th Draft

7th Draft



7th Draft