



## Wood Lane Primary School

### **Developing potential**

#### **Application**

This policy applies to all of our employed staff and managers, including supply staff who may use restrictive physical interventions in the provision of services to children.

This policy should be read in conjunction with either Staffordshire County Council's G15 Restrictive Physical Intervention and Adult Service Users or G16 Restrictive Physical Intervention with Young People and the Management of Violence and Aggression Policy HR118. This Policy does not consider the issue of deprivation of liberty but focuses on the principles that should be applied to the use of restrictive physical intervention.

Schools and other settings may decide to accept this policy and guidance provided as their own policy on the use of restrictive physical interventions or they may produce their own policy using this policy to identify the minimum standards of acceptable practice. Reference should therefore be made to this policy in the appropriate part of the Schools Behaviour Policy outlining how staff have been made aware of the content.

#### **Introduction**

Some staff engage in the delivery of services working with service users and pupils who display complex behaviours that can be challenging to the service and to the safety of the individual, other service users/pupils, members of the public, and the staff supporting them.

This policy identifies approaches to be taken by managers and employees when situations of challenging and harmful behaviour escalate to levels that give rise to the need to use restrictive physical interventions. This policy in no way limits or removes an employee's right to use reasonable force to protect themselves or others from the threat of harm.

The council will support staff involved in restrictive physical intervention incidents as long as the guidelines and procedures in this policy have been followed. Where there is evidence that staff involved have blatantly disregarded their responsibilities under the policy formal disciplinary action may be taken. However the council recognises that in volatile situations staff may need to deviate from laid down safe systems of work and risk assessments in order to protect themselves and/or others, where these actions were taken in good faith they will be supported.

Within School settings this policy does not limit or remove School staff powers to restrain pupils as outlined in Section 93 of the Education and Inspection Act 2006. However it does not authorise anything to be done in relation to a pupil which constitutes the giving of corporal punishment within the meaning of section 548 of the Education Act 1996.

Those staff working with adults who display challenging behaviours must have consideration for the provisions of the Mental Capacity Act 2005. This Policy does not consider the issues of Deprivation of Liberty of service users in detail but focuses on the principles that should be applied to the use of restrictive physical intervention. Managers and staff involved in the use of restrictive physical intervention with adult service users should be aware that it's inappropriate or disproportionate use may constitute a deprivation of liberty of the individual. Appropriate and proportionate use of restraint with an individual who lacks capacity falls short of deprivation of liberty. Further information sources

regarding deprivation of liberty can be obtained from the Deprivation of Liberties Team by e mailing [deprivationofliberty@staffordshire.gov.uk](mailto:deprivationofliberty@staffordshire.gov.uk)

This policy reflects national standards which form part of the Guidance for Restrictive Physical Interventions, Department of Health 2002 & Department for Education “The use of force to control or restrain pupils: Guidance for schools in England 2010.” This policy should be read in conjunction with the guidance contained within these documents.

### **Aims and Objectives**

It is the aim of this policy to make restrictive physical intervention as safe as practicable, relevant and practical for staff, service users and pupils.

Implementation of this policy will help services to address important outcomes for service user/pupils choice, rights, independence and inclusion.

It is the objective of this policy:-

- 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.

The safety of staff during restrictive physical intervention is of equal importance to the best interests of service users/pupils and both take priority over care of property.

### **Definitions**

The definition of restrictive physical intervention adopted 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

### **Levels of restrictive physical intervention**

Restrictive Physical Intervention is also categorised into non-restrictive and restrictive interventions.

**Non Restrictive Intervention.** This is where the service user/pupil can move away from the physical intervention if they wish to. Non-restrictive examples include:-

- Physical presence, non-verbal prompts and directions
- Touch or prompting;
- Guiding; and
- Disengagement.

### **Restrictive Intervention.**

This is where the intervention is intended to prevent, or significantly restrict freedom of movement of an individual. Restrictive interventions generally carry a higher risk and require a greater degree of justification

Examples of restrictive interventions include:-

- Escorting and manoeuvring;
- Temporary physical containment or holding;
- Seclusion;
- Full restraint;
- Mechanical restraint; and
- Chemical restraint.

### **Reasonable Force**

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.

## Arrangements for Applying the Policy

### **Operational Requirement and Context**

All intervention strategies should be carefully selected and reviewed to ensure that they do not unnecessarily constrain opportunities, access to education, or have an adverse effect on the service users/pupils welfare or quality of life. In some situations it may be necessary to make a judgement about the relative risks and potential benefits arising from activities which might provoke challenging behaviours compared to the impact on the person's overall quality of life if such activities are prohibited. This judgement is likely to require a detailed risk assessment which must be documented and reviewed regularly.

Restrictive physical intervention must be used in a context of risk assessment and care or behaviour plan. The correct use of intervention, recording and reporting on the use and investigation and follow up is essential.

Poorly or incorrectly used, restrictive physical interventions are a source of risk to both service users/pupils and staff. They can escalate negative staff and service user/pupil relationships and is also a possible threat to the council via legal action. The correct use of restrictive physical interventions must always remain an act of last resort, be proportional and should not be normal practice.

### **Strategies for the use of Restrictive Physical Intervention**

Restrictive physical intervention must be an act of last resort. Adopting good working practices involving primary and secondary control strategies as well as tertiary controls is important. Proactive measures to avoid the incidents of restrictive physical intervention must always be attempted first. Details of control strategies are provided in guidance the guidance associated with this policy. For each service user/pupil who presents challenges there needs to be individualised strategies for responding to incidents of violence and aggression/self-injurious behaviour etc. Where appropriate the strategy may include directions for the use of restrictive physical intervention, including a personalised approach for the service user/pupil. This must be documented in a care plan/ on the individual's records.

Appropriate training of staff in primary and secondary control strategies will have a major impact in the reduction of the need to use of tertiary controls such as restrictive physical interventions.

### **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 HSF17.

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.

### **Medication**

Medication must never be used as a sole method of gaining control over a person who displays violent or aggressive behaviour, but as part of a holistic care plan. Medication must be administered upon medical advice in accordance with the Council's Medication Policy HR109, and not used as a routine method of managing difficult behaviours.

### **Devices for Restricting Movement**

Devices that are required for a therapeutic purpose for a disabled adult or child, such as buggies, wheelchairs and standing frames (including supporting harness) may also restrict movement. Such devices should never be provided solely for the purpose of preventing problem behaviours. Some devices are designed specifically to prevent problem behaviours and their use must be considered as a form of restrictive physical intervention. For example, arm splints or protective garments might be used to prevent self-injurious behaviours. Such devices should be a last resort and used only when other.

Preventative strategies have not proved successful. They should only be introduced after a multidisciplinary assessment that includes consultation with family, carers and in the case of children, those with parental responsibility. If employed they should be selected carefully to impose the least restriction on movement required to prevent harm whilst attempts should continue to be made to achieve the desired outcomes with less restrictive interventions.

Where the use of self-harm prevention devices are indicated, staff must be fully trained in their use. This is always to be recorded using the Restrictive Physical Intervention Protocol HSF 57.

### **Weapons**

A weapon can be described as any implement that has the potential to cause harm when not used for the purpose it was designed and intended to be used. Staff must always attempt to observe if the service user/pupil maybe holding anything which may have the potential to cause harm prior to using a restrictive physical intervention.

Staff are not expected to disarm individuals with a weapon using restrictive physical interventions since the risks of injury to those involved are too great. The priority must be to contact the police and attempt to move other people in the immediate environment to a safer place.

If a service user/pupil uses a weapon in an attempt to harm themselves or others, the council recognises that staff have the legal right to use reasonable force to protect themselves and others.

### **Documenting Restrictive Physical Intervention Strategies**

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 individuals plan/records. (See Standard Document HSF57 Restrictive Intervention Protocol form upon which intervention strategies can be documented.)

If a service/establishment/School choose to develop their own documentation process it must as a minimum include the following:-

- A description of the behaviour sequence and settings which may require intervention response;
- The results of an assessment to determine any counter reasons for the use of intervention strategies (e.g. medical conditions etc);
- A risk assessment that balances the risk of using a restrictive physical intervention against the risks of not intervening;
- A record of the views of those with parental responsibility in the case of children and family members or independent advocates in the case of adults;
- A system of recording behaviours and the use of restrictive physical interventions;
- Previous methods which have been tried without success;
- A description of the specific restrictive physical intervention strategies/techniques which are agreed and the dates on which they will be reviewed;
- The ways in which this approach will be reviewed, the frequency of review meetings and members of the review team.

## **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 individual's care plan/records.

Action to be taken following an incident of Restrictive Physical Intervention.

### **Recording, Reporting and Monitoring**

The use of restrictive physical interventions, whether planned, unplanned, or emergency interventions must always be recorded using the Restrictive Physical Intervention Record of Incident form HSF56.

The written record of the use of a restrictive physical intervention must indicate:-

- The names of the staff and service users/pupils and any other parties involved;
- The reason for using the restrictive physical intervention employed;
- The type and duration of the restrictive physical intervention;
- Whether the service user/pupil or anyone else experienced injury or distress and, if they did, what action was taken.

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 Restrictive Physical Intervention and Adult Service Users G15 and Restrictive Physical Intervention Schools and Children G16.

## **Debriefing**

Following an incident of Restrictive Physical Intervention all those involved should be debriefed and staff should be informed of how they may contact the confidential Staff Care Counselling Service on 01785 277400. Further information regarding debriefing is available in the guidance associated with this policy.

## **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 which is often annually.

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 children settings.

## **Dress Code**

Managers of workplaces and services where staff may be involved in the application of restrictive physical interventions must implement local arrangements that require the staff involved in restrictive physical interventions to:-

- wear suitable clothing that allows freedom of movement;
- wear sensible low heel footwear;
- not wear any jewellery 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., as such staff must be familiar with guidance contained in the Infection Control Policy HR53 and have seen the Infection Control Training video available on the intranet.

In order to minimise risk, staff must cover any open wounds e.g. cuts/skin lesions and with an appropriate adhesive dressing.

### **Monitoring and Review.**

The Care Quality Commission (CQC) and OFSTED will monitor the implementation of these procedures as part of their roles in order to protect the interests of the service users/pupils who are exposed to the use of restrictive physical interventions. These regulating bodies may require settings to record and report information relating to the use of restrictive physical interventions in a specific format.

Local services and establishments/schools will monitor the use of restrictive physical interventions, look for trends, and work to devise strategies that can minimise the use of interventions, or make them safer for all involved. This information must be documented and a summary provided to the relevant senior managers/governing bodies.

Senior managers/governing bodies must review and evaluate the restrictive physical interventions taking place in the service for which they have responsibility quarterly. Where necessary they must make recommendations for local managers to implement regarding the use of restrictive physical intervention.

### **Key Accountabilities**

#### **Managers and Headteachers**

- Implement the practises detailed within this policy;
- Ensure that the use of planned restrictive physical intervention is risk assessed and management strategies clearly documented on the service users/pupils 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.

### **Specialist Advice**

If Managers require specialist advice and support regarding implementation of safe restrictive physical intervention practices they can contact the Strategic Health and Safety Service who will provide contact details of the councils training providers with whom specialist advice is available. In Special School settings assistance is available from the Instructor team for Strategies in Crisis Intervention Prevention – Revised (SCIPR) via the Educational Psychology Service. Within other Educational settings advice is also available from Educational Inclusion Districts via the District Senior Educational Psychologist.

Advice regarding Deprivation of Liberties issues and the impact of the Mental Capacity Act should be obtained from the Deprivation of Liberties Team.

The Staff Care Counselling Service may be contacted on 01785 277400.

### **Legislative Framework and Guidance**

- a. The Health and Safety at Work Act
- b. Management of Health and Safety Regulations
- c. Education Act
- d. Human Rights Act
- e. Mental Capacity Act
- f. Deprivation of Liberty Code of Practice
- g. Guidance for Restrictive Physical Interventions, Department of Health July 2002
- h. “Use of force” Guidance 2010 Department of Education
- i. DfES Circular 14/96 Supporting pupils with medical needs in school.

### **Further Advice and Information**

This policy document is for general guidance only. If you need any further advice on how to apply this policy please contact the Strategic Health and Safety Service.

### **Standard Documents**

Restrictive Physical Intervention Record of Incident HSF56

Restrictive Physical Intervention Protocol HSF57

### **Glossary of Terms**

**Manager** - is any employee who supervises at least one other member of staff or manages the provision of a County Council service including head teachers, supervisors, team leaders, premise managers and heads of establishment.

**Employee** - also includes trainees on government schemes, volunteers, agency workers, temporary workers and casual workers.

### **Implementation of this procedure / policy**

Our school will manage implementation of this procedure / policy with the support and guidance of the Local Authority.

### **General**

This procedure / policy and its guidance will always reflect the present and future needs of all stakeholders and to support this we are always open to suggestions for changes and alterations of and to any specific individual provision / requirement to ensure full access to all.

**Signed:** \_\_\_\_\_ **Designation:** Chair of Governors  
**Date:** September 2018

Signed: \_\_\_\_\_ **Designation:** Headteacher  
**Date:** September 2018