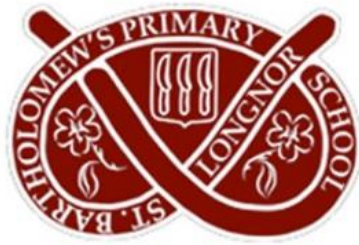


# Restrictive Physical Intervention Policy

St Bartholomew's CE Primary School



**Version:** V1.0

**Prepared by:** LB

**Valid from date:** September 2024

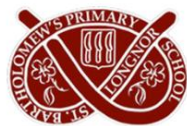
**Valid to date:** September 2025

**Approved by:** FGB

<b>Policy Updates</b>	
<b>Version Number</b>	<b>Changes</b>
1.0	New Policy

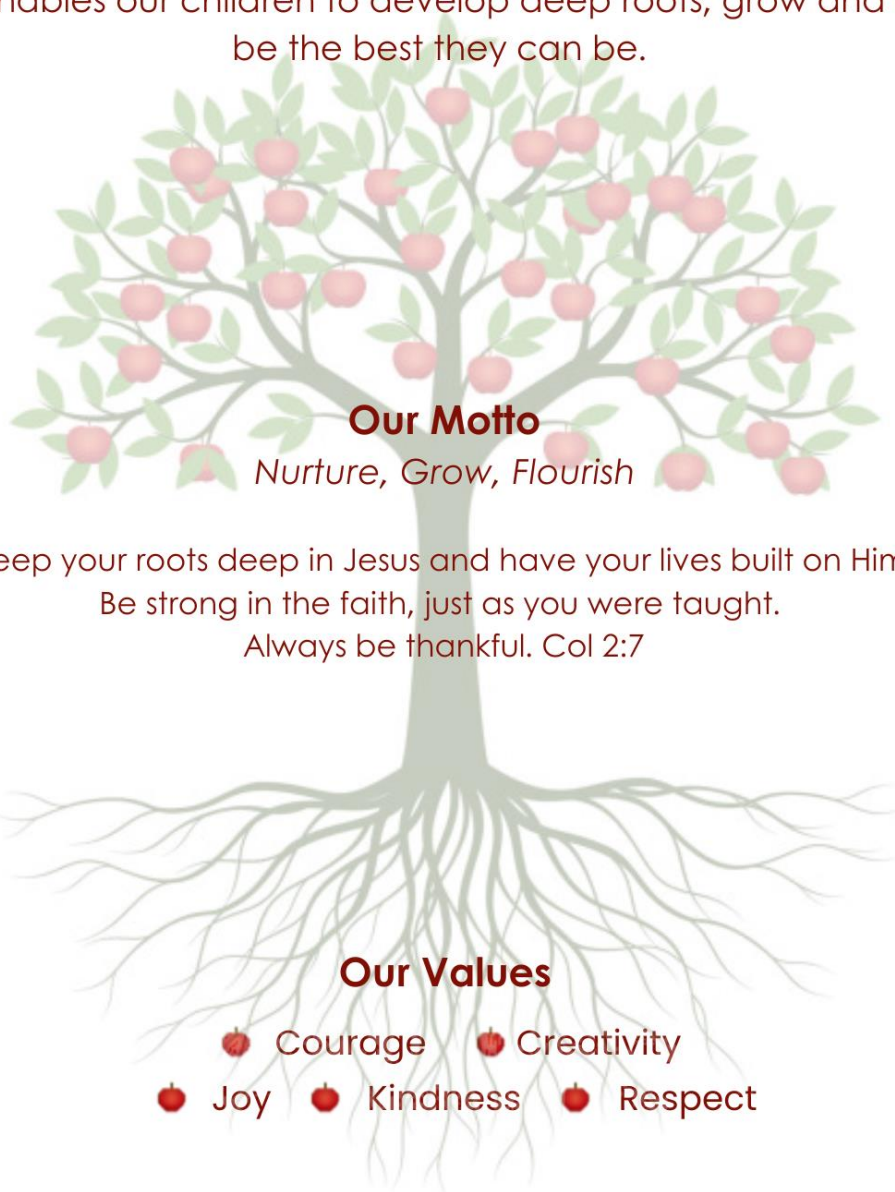
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## St Bartholomew's Vision

To be a loving and nurturing Christian school community, providing the rich soil that enables our children to develop deep roots, grow and flourish, to be the best they can be.



### Our Motto

*Nurture, Grow, Flourish*

Keep your roots deep in Jesus and have your lives built on Him.  
Be strong in the faith, just as you were taught.  
Always be thankful. Col 2:7

### Our Values

- Courage
- Creativity
- Joy
- Kindness
- Respect

## **1. Application**

This guidance applies to all employees of St. Bartholomew's C.E. Primary School who may use restrictive physical interventions with children.

The policy and these guidelines reflect national standards which form part of the Guidance for Restrictive Physical Interventions please see Use of Reasonable Force July 2013.

Within school settings, the policy and this guidance does not limit or remove school staff powers to restrain pupils as outlined in Section 93 of the Education and Inspection Act 2006 but 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.

## **2. Introduction**

Poorly or incorrectly used restrictive physical interventions are a source of risk to the young person and members of staff. They can escalate negative relationships and create a risk of legal action. The correct use of restrictive physical interventions must always be an act of last resort and not normal practice. Schools and settings should take all reasonable actions to reduce the potential need to use restrictive physical interventions as far as practicable.

Reduction in the need to use Restrictive Physical Interventions is achieved by analysing the interactions between each young person/pupil and their environment which identifies potential triggers that need to be avoided at critical periods. This involves:

- Helping young people to avoid possible situations known to provoke challenging behaviour;
- Having education plans/care programmes which are responsive to individual needs;
- Creating opportunities for service users/pupils to engage in meaningful activities which include opportunities for choice and a sense of achievement;
- Developing staff expertise in working with individuals that present challenges.
- Understanding that behaviour is often a method of communication

## **3. 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 staff to address important outcomes for 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 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 where possible, 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.

## 4. Success Indicators

The following indicators will demonstrate the level of compliance with this policy and its procedures:

- a) School professionals sometimes have to manage challenging situations and will have clearly implemented lower level/suitable controls to reduce the frequency and level of restrictive interventions required to manage challenging behaviours;
- b) Restrictive physical interventions are used as a last resort and are not routine;
- c) Pupils have individual risk assessments and restrictive Intervention Protocol documenting when and how restrictive interventions will be used;
- d) Restrictive Interventions are accurately recorded and risk assessments implemented and reviewed to allow continuous improvement in management of challenging behaviours;
- e) Staff working directly with pupils who require planned restrictive physical interventions have received appropriate training.

## 5. 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.

#### 5.1 Non Restrictive Intervention

This is where the 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.

#### 5.2 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.

#### 5.3 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.

## **6. Guidance on the use of Restrictive Physical Intervention**

### **6.1 Types of incidents when Restrictive Physical Interventions may be appropriate**

Situations in which restrictive physical intervention may be appropriate or necessary will fall into three broad categories:

- Planned Interventions;
- Unplanned/Emergency Interventions;
- As part of a Therapeutic or Education Strategy.

Examples of situations in which a restrictive physical intervention may be appropriate are:

#### Primary circumstances

- where a pupil's behaviour is at risk of causing injury to him/herself;
- where a pupil's behaviour is likely to cause injury to others (adults or children);

#### Secondary circumstances

- where a pupil's behaviour is likely to cause serious risk of damage to property;
- where it is necessary to maintain good order and discipline.

The decision to use reasonable force is a matter for professional judgement, however staff should be aware that research clearly shows that injuries to staff and pupils are more likely when the intervention is not planned. Before physically intervening, staff should, wherever practicable, attempt to resolve the situation by using other methods. Information about strategies is available in section 5.1 of this policy.

There are occasions when physical contact, other than reasonable force, with a child is proper and necessary. Examples include, but are not limited to:

- holding the hand of a child when going to Worship/assembly or when walking together on an outing, or to reduce risk to the child or others;
- when comforting a distressed individual;
- when congratulating or praising the young person;
- to demonstrate how to use equipment or a skill e.g. a musical instrument, cutting;
- to demonstrate exercises or techniques during PE lessons or sports coaching;
- to provide first aid;
- helping children with clothing;
- helping to carry things.

Restrictive physical intervention for the protection of property must only be for extreme circumstances; for example if a person starts to damage an entire unit. At this stage there needs to be an assessment on whether or not it is worth the risk of injury, to protect the property.

In extreme circumstances, such as an immediate and realistic threat of arson or where life is at risk (e.g. pupil has weapon); the police are obliged to attend if you make the urgency clear to them.

Restrictive physical intervention may be used as a preventative measure in order to prevent physical injury, for example if a young person attempts to obtain a weapon which would later make physical intervention problematic and dangerous to staff.

### **6.2 Planned interventions**

Pre-arranged strategies and methods to deal with situations should be planned where a risk assessment has identified the likelihood of the need for restrictive physical intervention - document HSF57 Appendix B. For many situations, an early intervention will be more effective and be able to be implemented at a lower level and with less risk, than a later intervention.

Planned restrictive physical interventions should be:

- Agreed in advance by relevant professionals working in consultation with the service user, their family/carers and an independent advocate if appropriate, in the case of children, those with parental responsibility.
- Monitored during implementation by an identified member of staff who has relevant training and experience.
- Recorded in writing so that the method of restrictive physical intervention and the circumstances when its use has been agreed are clearly understood.
- Included as part of a care plan or individual service user records or pupil behaviour plan/records.
- Routinely monitored and reviewed.
- One component of a broader approach to meeting the individual's needs.

A proforma, Restrictive Physical Intervention Protocol HSF57, that can be used to document a planned restrictive physical intervention strategy is available at the end of this document.

It is important to remember that restrictive interventions that result in the holding or restraint of an individual carry medical risk to the service pupil as these techniques may impact on the individuals breathing, circulation and place direct pressure on vulnerable areas of the body. Restraints on the floor hold the highest level of risk and must be an absolute last resort. Holds and restraints should only be used for shortest time possible. Staff involved in the use of such techniques must have received suitable training.

Adequate staff must be available to safely complete any holding and restraint that is undertaken as part of a planned strategy. Single person restraints pose significant risks to both parties. If a single person restraint need is established (e.g. due to the small size of the individual), suitable training on the techniques to be used must have been provided and the process and rationale clearly documented.

### 6.3 Unplanned and Emergency Interventions

Emergency use of restrictive physical interventions may be required when a pupil behaves in unforeseen ways. Research evidence clearly shows that injuries to staff and pupils are more likely when the intervention is not planned.

An effective risk assessment procedure, together with well-planned preventative strategies, will help to keep emergency use of restrictive physical interventions to an absolute minimum. Staff should be aware that in an emergency situation the use of reasonable and proportional force is permissible if it is the only way to prevent injury or serious damage to property.

Whenever practicable, before physically intervening staff should attempt to resolve the situation by other means. A calm and measured approach to a situation is needed and staff should never give the impression that they have lost their temper or are acting out of anger or frustration. Staff should continue attempting to communicate with the individual throughout the incident and should make it clear that the physical intervention will stop if it ceases to be necessary. In unplanned/emergency interventions it is good practice for staff to use a dynamic risk assessment approach, which is a quick on the spot assessment prior to acting (where possible). This will allow staff to:

<b>Step Back</b>	Don't rush into an intervention, is it necessary, do you have suitable justification.
<b>Assess Threat</b>	Assess the individual, the objects, the environment and the situational factors.
<b>Find Help</b>	Can you reduce the risks by getting help from other trained colleagues or by using the physical environment, space, natural barriers etc.



<b>Evaluate Options</b>	<p><b>Primary</b> – proactive actions to remove the triggers</p> <p><b>Secondary</b> – communication, interpersonal skills, nonverbal body language e.g. open palms, directing, defusing, calming, switching staff etc.</p> <p><b>Tertiary</b> – Enhanced observation, restrictive physical intervention.</p>
<b>Respond</b>	<p>Apply the principles of the least adverse method in responding.</p> <p>Continue to re -evaluate the situation and your response. Continually monitor for changes in level of risk.</p>

Even in an emergency, the force used must be reasonable; that is, it should be proportionate to the risk posed by the situation.

Every unplanned situation needs assessing and consideration given to the risk of doing something versus the risk of doing nothing.

Where staff consider they are unable to intervene they should, as appropriate, remove other people who might be at risk, summon assistance from colleagues, or where necessary phone the police. Until assistance arrives staff should continue to try to prevent the incident from escalating whilst remaining mindful of their own safety. It may be appropriate for staff to withdraw from the situation.

Once an unplanned or emergency restrictive physical intervention has taken place it must be reported and reviewed. With this information it is essential that a risk assessment surrounding future use and primary and secondary prevention strategies are completed. This should assist in the reduction and use of further unplanned/emergency restrictive physical interventions.

#### **6.4 Restrictive Physical Interventions as part of a Therapeutic or Educational Strategy**

In most circumstances, restrictive physical intervention will be used reactively, to prevent injury or avoid serious damage to property. Occasionally, it may be agreed to be in the best interest of the adult/child to use a restrictive physical intervention involving the use of some degree of control as part of a therapeutic or educational strategy.

For example, a way of helping a child to tolerate other children without becoming aggressive might be for an adult to shadow the child and to adjust the level of physical intervention employed according to the child's behaviour. Similarly, it might be agreed for staff to use a restrictive physical intervention as part of an agreed strategy to help a person who is gradually learning to control their aggressive behaviour in public places. In both examples the restrictive physical intervention is part of a broader therapeutic or educational strategy. As with all restrictive physical intervention, interventions for this purpose must never be painful or likely to cause injury.

Where this approach is employed it is important to establish in writing a clear rationale for the use of the restrictive physical intervention and to have this endorsed by a multidisciplinary team which includes, wherever possible, family members and or independent advocates, and in the case of a child, the person with parental responsibility.

Pupils should consent to restrictive physical interventions strategies used for learning.

#### **6.5 Restrictive Physical Intervention Strategies**

Restrictive physical Intervention must be an act of last resort. Adopting good working practices involving proactive (primary) and active (secondary) control strategies as well as reactive (tertiary) controls is important. Proactive measures to avoid the incidents of restrictive physical intervention must always be attempted first.

**a. Proactive/Primary Control** refers to actions taken to prevent situations arising which may require the use of any intervention or to reduce their likely frequency.

At an organisational level this includes establishing policies, safe systems of work, carrying out risk assessments and providing staff with training.

At an individual level this involves understanding the risks, complying with safe practice guidelines and putting training and learning into practice. Preventative action also includes reporting, recording and investigating incidents in order to learn from them. Preventative action is a continuous process.

**b. Active/Secondary Control** refers to actions taken to prevent situations escalating. It typically involves the use of interpersonal skills, communication, and defusing, de-escalating and calming strategies.

**c. Reactive/Tertiary Control** refers to action taken when situations escalate or violence occurs, or after it has occurred to prevent or reduce the potential for physical or psychological harm. Typically, this may involve disengagement or other physical intervention tactics (such as applying holds) and emergency procedures. Reactive/tertiary controls will include providing post incident support and managing the situation through to recovery.

For each individual who presents challenges there need 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 individual. 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.

Adequate staff must be available to safely complete any holding and restraint that is undertaken as part of a planned strategy.

## **6.6 Risk Assessment**

When it is foreseeable that an individual might require a restrictive physical intervention, then a risk assessment must be completed. The risk assessment process allows staff to identify and evaluate the benefits and risks associated with different intervention strategies. It also aids identification of opportunities for reducing the need for restrictive physical intervention.

When undertaking the risk assessment, it should be ensured that there is involvement of relevant individuals and where suitable key professionals, and the outcome of the risk assessment is communicated to all relevant staff and parents.

Among the main risks to service users/pupils are that restrictive physical intervention will:

- Cause pain, distress or psychological trauma;
- Cause injury;
- Be used when a less intrusive method could have achieved the desired outcome;
- Become routine, rather than an exceptional method of management;
- Increase risk of abuse;
- Undermine dignity or otherwise humiliate or degrade those involved; and
- Create distrust and undermine personal relationships between staff and service users/pupils.

The main risks to staff that result from applying restrictive physical interventions are:

- They suffer injury;
- They experience distress or psychological trauma;

- The legal justification for using the restrictive physical intervention is challenged in court; or
- Disciplinary action is taken for inappropriate or unjustified use of restrictive physical interventions.

The main risks that may be associated with not intervening include:

- Staff may be in breach of duty of care responsibilities;
- The service user/pupil may injure themselves, other service users/pupils, staff or members of the public;
- Serious damage to property or valuable resources may occur; or
- The possibility of litigation in respect of these matters.

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

If it is agreed that a child will require some form of restrictive physical intervention, there must be an up-to-date copy of a written protocol (HSF57) included in the individuals plan/records. (See [Appendix B](#)).

#### **Communication**

Information relating to intervention strategies should be discussed with the pupils and their parents/careers 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.

### **6.8 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 ([Appendix A](#)). 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 anyone experienced injury or distress and, if they did, the action that was taken.

All accidents and incidents must be reported. The Health, Safety and Wellbeing Service on-line portal "My Health and Safety" will record any injuries that result from the use of a restrictive physical intervention.

In some circumstances, interventions will need to be reported immediately to the headteacher, and where this is the case, leaders must ensure all staff are aware of when and how to do so.

The contents of the Restrictive Physical Intervention Record Forms should be reviewed on a termly basis as a minimum by senior leaders and where trends identified appropriate action taken. Data maybe shared with Governors.

Leaders need to ensure that the pupils individual plan/records are reviewed in light of incidents and amendments made if required to reduce those risks identified.

#### **Debriefing**

After the use of interventions, it must be ensured that staff and pupils receive suitable and sufficient support and a review of the risk assessment to identify factors contributing to the incident must take place.

Being involved in a restrictive physical intervention may be an unsettling experience for all parties, and leaders should recognise that staff and pupils may need some form of reassurance. Those

involved, both staff and pupils should be separately debriefed after the intervention, which is particularly important when the intervention was unplanned.

Debriefing those involved ensures that lessons can be learned and staff/pupils have the opportunity to discuss the matter quickly. The debriefing should be undertaken without undue delay but should consider the physiological effects of such a situation and sufficient time should be allowed for all involved to reach a calmer state.

### **When an injury has occurred as a result of Restrictive Physical Intervention**

If there is any reason to suspect that a pupil, member of staff or other person has experienced injury or distress following the use of a restrictive physical intervention, that person must receive immediate medical attention, and counselling and debriefing as required. The headteacher must ensure that the injury is reported **on the My Health and Safety Portal, as detailed above.**

### **Complaints and concerns regarding Restrictive Physical Intervention**

Leaders must ensure that any complaints or concerns about validity or methods of intervention should be thoroughly investigated in accordance with the County Council complaints procedures. Dependent on the nature of the complaint, consideration must be given to whether other processes need to be instigated such as Safeguarding protocols.

### **6.9 Information, Instruction and Training**

The level of information, instruction and training required by staff regarding physical interventions must be identified by School Lead. Training provided to staff should be suitable for the level of use they are identified as requiring. Where skills are not used they are soon lost. Staff involved in the use of planned interventions must have suitable training.

In emergency situations, staff have the right to use reasonable force to protect themselves and others. It is recommended that where it is identified that staff are delivering services or working in situations where there is a high risk of being involved in unplanned and emergency restrictive physical interventions, they should receive a basic level of training.

Training provided must cover the use of Primary/Active and Secondary/Reactive control strategies (see section 3.5) 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. 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.

## **Appendix A – HSF56**

### **Restrictive Physical Intervention, Record of Incident**

1. Names of those involved	Staff:	Service User/Pupil:  Others:
2. Date of incident:	Time of incident:	Location of incident:
3. Events leading up to Restrictive Physical Intervention (including alternative strategies used):		
4. Account of actual incident (including details of actions, method of intervention, words used, witnesses etc.):		
5. Outcome or resolution of incident:		
6. Follow up actions (advice to family/parents/carers, support to staff and pupils involved):		
7. Names of witnesses and attached witness statements:		
8. Risk Assessment and Restrictive Physical Intervention Protocol reviewed:  Yes/No  Outcomes:		
9. Record of any injury or property damage:		
10. Has an Accident Investigation Report Form or Report of Violence and Aggression Form been completed and submitted to the Strategic Health and Safety Service:		
Print Name:	Signature	Job Title
Date:		

**Appendix B – HSF57****Restrictive Physical Intervention Protocol**

Name		Date of Birth
Address		Gender
Provision		
Medical Conditions		

**Assessment of Risk**

History	
Physical size and strength	
Categories of people exposed	
How could exposure take place	
When and how often could exposure occur	
Possible consequences of exposure	
Benefits of not intervening	
Consequences of not intervening	
Views of service users/pupil, parents, family etc.	
Other information.	

## Agreed Intervention Strategy

Antecedents (possible events preceding an incident)		
Warning Signs  Tension  Non-Verbal  Verbal		
Critical Moment		
Restrictive Physical Intervention Procedure		
By whom and how often with this protocol be reviewed.	Date of next review:	
Print Name:	Signed:	Date:
Print Name:	Signed:	Date:
Print Name:	Signed:	Date:
Print Name:	Signed:	Date:

Protocol to be retained on service users/pupils individual care plan/record.