



## Physical Intervention Policy

Staff Covered by this policy	All trained staff
Approved by and date	15.10.2018
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Review date	15.10.2019

Signed	A Greenwood
Date	15.10.2018

**An Interim Executive Board is fulfilling the role of the Governing Body of the school. Any committee that is required is drawn from the IEB members or others seconded to it by the Local Authority to fulfil that function.**

# **Skilts School**

## **PHYSICAL INTERVENTION POLICY**

### **Our Vision**

All members of the school community will be inspired to learn through rich experiences, progress through achievement and become the very best they can be. We will make healthy, safe and positive choices; solve problems, face challenges and have respect for ourselves, others and our environment.

### **INTRODUCTION**

All teachers, support staff and residential social care staff at Skilts receive training in TEAM TEACH - a nationally recognised approach towards the positive handling of children. The School has adopted the techniques recommended by TEAM TEACH for use with children of a primary age range. In order to comply with the high standards set by TEAM TEACH. Staff members, whose duty is to work directly with children, receive initial training of 12 hours from an external provider. The School currently employs two qualified instructors within its staff team with responsibility for re-training of staff who may require it.

This policy should be read in conjunction with the School's Behaviour Policy, as it is a principle of TEAM TEACH physical intervention should only be used as a last resort when all other de-escalation techniques have been exhausted or as a planned intervention with children in conjunction with a full risk assessment and risk reduction plan.

As a school which is specifically designated for children who experience social, emotional and behavioural difficulties (SEBD), it is recognised that physical intervention is often necessary to protect pupils, staff and property from significant harm or damage.

This policy has been drawn up in conjunction with various local and national guidance.

### **1. PRIOR TO A PHYSICAL INTERVENTION**

Staff should always try to calm a child down before physically intervening, by using supportive strategies such as giving the child the opportunity to talk about their problem, noticing a difficulty arising and intervening early, offering choices, using distraction or humour .

If the behaviour escalates further, the use of a positive handling strategy may be required but must be considered and only used in the child's best interest for example to protect them from harm. The intervention used should be proportional to the child's age and size, and staff should chose the least intrusive intervention first to avoid an escalation of negative behaviour.

When using a physical intervention, staff must act within agreed guidelines and procedures and the safety of all concerned should be the paramount consideration. The amount of force used should be reasonable and proportionate to the circumstances and positive handling will include a hierarchy of responses which move from the least restrictive to the more intrusive where necessary.

## 2. POSITIVE HANDLING STRATEGIES

Staff should aim to use:

- a) a standing position – shoulder guide, friendly hold, single/double elbow, figure of four, or wrap.
- b) a seated position - single/ double elbow, figure of four, controlling legs.
- c) a seated ground position - wrap or kneeling single/double elbow hold.

Details of all of the above are available from the School's Team Teach Tutors.

There are some basic principles common to all physical interventions:

- where possible, it is safer for staff not to tackle these situations on their own.
- staff should hold children on the long bones( just above the wrist), with the Caring C method( L shape open palm).
- where possible, the child should not be moved long distances or up and down stairs. The greater the distance, the higher the risk of injury to all.
- staff should use reasonable force, with the maximum of care. **Pain or physical discomfort should never be used to gain compliance.**
- children should be reassured that staff will let go when the child has regained sufficient composure.

Staff should avoid taking children to the ground into a prone position wherever possible. Circumstances would need to be exceptional to justify a ground restraint and staff should have proper training before ground positions are used. Such a strategy should also be identified in a pupil's risk reduction plan and risk assessment and agreed by all parties as an agreed safe procedure for that child.

## 3. THE RECOVERY

Once a situation is made safe for all, the recovery can begin. The aim should be to return to a calm enough state of mind for re engagement with the class or group activity. Follow up should not be attempted until the child and adult involved has fully recovered from their ordeal, to attempt to do this too soon could result in further escalations of challenging behaviour.

#### 4. RECORDING OF INCIDENTS

Staff will need to account for the reason for any use of a physical handling technique. This should be done on the standard “ incident involving physical restraint” forms which are kept in the staff room. These forms should be completed as soon as possible after the incident and a Senior member of staff should be informed of the incident as soon as possible. It is good practice for all staff involved in an incident to fill out a separate incident form.

Staff will also need to complete a SLEUTH record for the incident, stating that a Physical Intervention was used in the ‘Actions’ tab on SLEUTH.

Parents/carers and where necessary, Social Workers should be informed by telephone of the incident on the same day and a copy of the report form can be sent if required.

All incident forms are passed to the Head of Care who records basic details in a bound and numbered book and gives an individual reference number to each incident.

#### 5. STAFF DEBRIEFING

The School’s incident forms provide space for a record of a post-incident discussion between the staff involved in the incident and a suitably qualified member of staff. i.e. a Team Teach Tutor or senior leader. The emphasis should be upon staff emotions and feelings and must deal with the behaviour, the legally justifiable reason for restraint, the management of the incident, prior and post, and any further action that is needed (e.g.; risk assessments, amendments to care plans, or training updates).

The Head and Head of Care with help from the pastoral team will monitor the regularity of incidents and if repeated physical interventions occur, take the appropriate actions which could include some planned personalised pastoral work.

If a child is found to be regularly involved in incidents resulting in the need for Physical Intervention, a review involving parents/carers and other agencies involved with the child would be undertaken. At this review the child and their difficulties would be at the centre of the discussion, every attempt would be made to agree a joint plan which would seek to reduce the number and need for physical intervention.

