



Churchill Park Academy

Restrictive Physical Intervention Policy (Team Teach Policy Statement)

Person responsible for the Policy	Headteacher
Date last reviewed	May 2022
Review Date	May 2023
Is this Policy to appear on the school website	Yes

Team Teach Policy Statement

Introduction

This policy statement is intended as a supporting guide to the school's behaviour policy, outlining the role of Team-Teach; what is acceptable practice and that which clearly is not.

Team-Teach is a whole setting, behaviour management response that aims to use de-escalation and behaviour strategies as a standard response to challenging behaviour. However, this is incorporated with restrictive positive handling techniques that are graded and gradual (up or down e.g; guide, single elbow, figure of four) as the situation requires.

Restrictive Positive Handling techniques are never used in isolation

The Team-Teach approach will:

- Reinforce policy and practice, inform of current legislation, legal considerations and circular guidelines concerning restrictive physical interventions
- Reinforce the essential verbal and non-verbal skills required in a crisis situations
- Make staff groups aware of necessary interventions appropriate to the level of behaviour reached by the pupil.
- Following training, providing staff with knowledge, understanding and physical skills required for their personal safety, and the management of children in their care.
- Offers opportunity for both the pupil and member of staff to recover and reflect.

Team Teach Aim

- To provide an accredited training framework designed to reduce risk and through working together to safeguard people and services.

Team Teach Objectives

- To develop shared values which promote the attitude, skill and knowledge needed to implement Team Teach in the workplace.
- To develop positive handling skills in behaviour management, including: verbal and non- verbal communication, diversion, de-escalation and safe, effective, humane physical interventions.
- To develop skills in positive listening and learning.

The basic principles of Team-Teach are:

- At least two members of staff when a situation occurs that requires restrictive physical intervention. This is protection for both staff and pupils concerned.
- 95% of crisis situations can be resolved through calm, controlled, dignified and skilled de-escalation strategies which is at the forefront of our school policy.
- **Last resort** (where possible) – all other behaviour management strategies to be tried and used first.
- Minimum force and time used for any physical intervention – important not to react emotionally but professionally and composed.
- Restrictive physical intervention techniques that provide a gradual, graded system of response – commensurate with the situation, task and individuals involved.
- Techniques allow for verbal and non verbal communication – utilising positive relationships.

- Techniques that do not rely on pain or “locks” for control.
- Staff safety and protection issues addressed – important for staff to have a range of break- away and release techniques in a serious situation where health and safety are at risk.
- Emphasis on staff awareness and communication skills – verbal and non-verbal used to de-escalate a possible crisis situation.
- Following restraint there should be both a supportive and reflective structure for both staff and pupils.
- All incidents involving pupils being physically managed should be reported, recorded, monitored and evaluated.

Team-Teach is governed by the British Institute of Learning Difficulties (BILD) code of practice. (See copy for reference in staff room)

Entitlements and Requirements.

All trained teaching, childcare and support staff are entitled as part of their professional development to:

- A **minimum** of 6 hours re-accreditation Team Teach training (existing 12hr certificated staff) within a two year period of completing a basic training course or previous refresher course.
- A minimum of a 12 hours Team Teach basic training course (**new staff**)
- Availability of additional Team Teach training for areas not covered in the mandatory 6hr/12hr training courses.
- Notification of any updates and changes in the management of challenging behaviour and handling techniques, and changes in current legislation / legal considerations.
- Review / assess and express their own perceived areas of additional training requirements through risk assessment and situations arising in their own school / class environment.
- An individual copy of the Team Teach policy and positive handling guideline booklet made available for them, and evidence of it being read and understood.
- The availability of being able to approach a Team Teach instructor and be reminded / demonstrated on any particular Team Teach recognised / approved positive handling technique.
- To express their views on any particular handling techniques efficiency or inadequacy on any particular pupil (which must then be recorded by that particular member of staff in that pupils individual Behaviour Transformation Plan/ Risk assessment)

Parents / Carers

Are entitled to information on the behavioural support and positive handling techniques which staff employ in last resort situations. When appropriate, they are also invited to contribute to their child's individual Behaviour Transformation Plan (BTP). It is considered 'good practice' for Parents / Carers to be signposted to the school website where they will find a copy of the school's policy on the use of force (RPI Policy, along with the Behaviour Management Policy) to read.

Head teachers must ask parents / carers to sign a 'Home School Agreement' (HSA), when their child joins the school. By signing the form the Parent / Carer will be indicating their agreement with the school's 'Behaviour Policy', and in signing the agreement, they are acknowledging the school's power to use reasonable force on their child in the circumstances described in the policy.

Team Teach trained staff at Churchill Park Academy

- Sophie Finney (Assistant Head Teacher)
- Carl Harris (Parent Support Advisor)
- Ben Enefer (Teaching Assistant)

CPA Restrictive Physical Intervention Policy

This Policy Statement MUST be read in conjunction with the School's Behaviour Policy

Restrictive Physical Intervention / Restraint 'is the positive application of force with the intent of overpowering the client' in order to:

- Restrict movement
- Restrict mobility
- Disengage from dangerous or harmful physical contact

The proper use of physical control requires judgement, skills and knowledge of non-harmful methods of control.

All members of school staff have a legal power to use 'reasonable force' as explained further below.

As a general rule nobody has the right to touch, move, hold or contain another person. However, people with a duty of care operate in exceptional circumstances where it is sometimes necessary to act outside this norm. Whenever they do so they should be clear about why it is **NECESSARY**. The best legal defence would be to show that any actions were in the child's **BEST INTEREST** and that they were **REASONABLE AND PROPORTIONATE**, along with being for the **LEAST AMOUNT of TIME**, and using the **LEAST AMOUNT OF FORCE**.

Schools can use reasonable force to:

- Remove disruptive children from the classroom where they are putting themselves or others at risk.
- Prevent a pupil behaving in a way that disrupts a school event or a school trip or visit
- Prevent a pupil leaving the classroom where allowing the pupil to leave would risk their safety or lead to behaviour that disrupts the behaviour of others. However, staff should not inhibit pupils freedom of movement
- Prevent a pupil from attacking a member of staff or another pupil, or to stop a fight in the playground
- Restrain a pupil at risk of harming themselves through physical outbursts

Introduction

On occasions when de-escalation and conflict resolution techniques have failed, the use of Restrictive Physical Intervention (RPI) may be required to safely and appropriately manage a situation. The concept of RPI involves ensuring that pupils with a high level of personal stress; a dangerous lack of self control; and a serious desire to challenge and threaten, are diverted from harming themselves or others; seriously damaging property; disruptive behaviour prejudicial to the safe and secure learning environment of the school, or are protected from the likelihood of them doing so. When no one is in control the desire to challenge and threaten often escalates. A proactive, orderly, caring and learning environment is impossible to achieve and sustain when pupils or adults believe they are not safe.

Restrictive Physical Intervention(RPI) includes the use of Physical Presence; Restriction of Access ; Restriction of Exit; Physical Diversion; Increased Staffing; High Level Supervision; Restrictive Physical Intervention (RPI) and the necessary Prevention from Leaving the Premises without Permission, so that dangerous and / or violent behaviour is controlled and prevented from spreading to others. *(All in line and accordance with the current BILD code of practice)*

The BILD code of practice

The BILD code of practice stresses that:

- RPI should only be used in the best interests of the service user

- The minimum force for the shortest time
- Prevent injury, pain and distress
- Maintain dignity
- Reasonable and proportionate
- All actions should be necessary

Restrictive Physical Intervention must only be used when it is required to prevent a pupil:

- From self-harming
- Injury to other children, service users, staff or teachers
- Damaging property
- An offence is being committed, and
- In school settings, any behaviour prejudicial to the maintenance of good order and discipline within the school, or among any of its pupils.

It is each member of staff's responsibility to make an assessment of the particular circumstances. Staff will need to decide if control is appropriate, and if it is, at what level. It is not considered appropriate to adopt a blanket approach to the use of Restrictive Physical Intervention simply because a pupil may have emotional and behavioural difficulties. **Staff will need to take the following factors into consideration:**

- The behaviour of the pupil
- The known intention of the pupil
- Their known wishes, feelings and emotional state
- The pupil's personal history
- The influence of other pupils, family and friends
- Any events that may be causing the pupil anxiety
- Knowledge of the pupil
- The time of day
- The antecedents to the situation

In considering these factors particular attention needs to be given to the age, understanding and maturity of the pupil. As a pupil matures they become more able to make considered decisions. However, competency is not only determined by age and maturity. The possible consequences of behaviour should be a significant factor in decision making.

A decision, which involves an assessment of the risk of potential harm, must not be left to a pupil to make alone. It will be a matter for negotiation, or solely the responsibility of the member of staff. The more danger that can be foreseen in a particular situation, the less likely it will be that the pupil is competent to make a decision.

Where a pupil is proposing to do something where there is clear potential for him / her injuring themselves; others, or seriously damaging property, then staff can properly affect RPI to prevent him / her from doing so.

Dialogue

It is essential that wherever possible the use of RPI, particularly Restrictive Physical Intervention (RPI), should be avoided in favor of lower level de-escalation, through; scripts, verbal and non-verbal communication and positive handling prompts.

De-escalation is where the staff focus the discussion with pupils with the aim of persuading or dissuading them from an intended course of action. It is in effect focused guidance. Only when dialogue is clearly not producing a satisfactory resolution and a situation continues to be unsafe, or to deteriorate

then staff should consider the use of RPI.

Physical Presence

Staff member's physical presence is often all that is necessary to communicate authority, and to re-establish safety and security. Presence by implication of one's authority may restrict pupil's movement for a brief period, but is limited to:

- Standing close by, or in front of a pupil
- Standing momentarily or temporarily in the way of a pupil

Presence should become neither oppressive, or of excessive duration. It is likely to be most effective if complemented by a range of non-verbal communication signals, and Persuasion or Dissuasion. Physical presence must be:

- Considered appropriate in the context of a particular situation or incident
- Used only in the context of engaging the pupil in discussion about the significance, relevance and consequences of his / her behaviour
- Ended if it is met with resistance, when a decision will need to be made whether or not another form of intervention is appropriate

Restriction of Access / Exit

In the ordinary course of maintaining a supportive and stable educational experience, staff may limit pupil's liberty by requiring them not to do things that they may prefer to do, including restricting them within a building. However, if the pupil complies with the reasonable request, restriction of liberty is not an issue.

There may be occasions, however, when a pupil has lost self control, and is intent on serious self damage; inflicting injury on others; damage to property, or is considered potentially likely to do so, that it would be appropriate to prevent access to dangerous environments by locking doors to them. Restricting access under such circumstances is considered appropriate staff action.

Occasionally in respect of the types of behaviour described previously, it may be necessary to prevent a distressed pupil from exiting a room by blocking the doorway by Physical Presence. This type of control is appropriate and permissible provided that:

- The duration of the intervention is only brief, and the pupil is engaged in conversation aimed at de-escalating the situation
- The action is a response to a particular situation and not regular practice
- If the pupil physically resists, a considered decision is made in respect of justification for, and use of, alternative forms of intervention

Physical Diversion

As part of a range of Restrictive Physical Interventions, Physical Diversion differs from Restrictive Physical Intervention (RPI) in the degree of 'force' used. Physical Diversion may be for example, holding a hand; placing a hand on the forearm; or putting an arm around the shoulder. Physical Diversion is a means of deflecting a pupil from destructive and / or disruptive behaviour. It involves little force but serves to reinforce staff attempts to 'reason'. It is persuasive rather than coercive. It is important that:

- It should guide, comfort and reassure
- If possible the intervening member of staff should already have an established relationship with the pupil
- Physical Diversion should not arouse sexual expectations or feelings (if it does holding should cease)
- It should be ended if it is met with resistance. When a further decision will need to be made whether or not another form of intervention is appropriate

Increased Staffing Levels

Whilst not a true RPI technique, the temporary physical presence of Increased Staffing Levels when a

particular class are experiencing difficulties in functioning, because of the behaviour of a particular pupil / pupils, it may be a means of managing the situation. A temporary increase of staffing levels is particularly useful because it does not label individual pupils.

Time Out

If a pupil is unsettled, and it is felt that they would benefit from being away from a situation, then they might take 'Time out'. Time out can either be requested by a pupil, or directed by staff. The objective should be to give a pupil the opportunity to regain their composure, without the pressure associated with being in a formal location or being near staff or other pupils. Time out is an important tool in encouraging and supporting pupils to manage their own behaviour prior to reaching a crisis point. Staff must be conscious of the fact that some pupils might ask for time out as a way of getting out of a lesson without real reason. Where possible pupils who ask for time out, might have a prior arrangement that might form part of their BTP or Risk Assessment. **Any area or room used for 'Time Out' must be unlocked and be monitored by staff at all times.**

Isolation

If a pupil is unsettled, and continues to be disruptive to the safe and secure learning environment of other pupils, it may be considered by staff to separate a pupil from their peers, and supervise him / her by a member or members of staff with the purpose of providing him / her with continuous focused supervision and support. **Pupils isolated from their peers and supervised by staff must not be in locked rooms.**

Seclusion

Seclusion describes the forcible confinement and segregation of a pupil from their peers in situations that are unsupervised by staff. **Seclusion is not permitted in our school.**

Restrictive Physical Intervention (RPI)

Restrictive Physical Intervention (RPI) is the positive use of minimum force to divert a pupil from harming himself / herself or others; seriously damaging property; disrupting the safety and security of the school's learning environment, or to protect a pupil from the likelihood of their doing so.

Restrictive Physical Intervention (RPI) at Churchill Park must only be used to prevent a pupil leaving if:

- The pupil is so acutely and seriously troubled that it is clear he / she is in immediate danger of inflicting serious self-harm; serious harm to others, or seriously damaging property
- Lesser interventions have either not been understood or successful, and the pupil would upon absconding be potentially in physical or moral danger
- The pupil is socially immature and vulnerable, consequently potentially at physical and moral risk
- Its use is intended to return a pupil to a less dangerous situation
- The pupil is very likely to interrupt the safe and secure learning environment of the school
- It is described as a course of permitted action in the pupil's Behaviour Transformation Plan

The use of Restrictive Physical Intervention (RPI) is not a substitute for using alternative strategies.

Normally lesser forms of intervention should have been used first and all de-escalation techniques exhausted. The onus is upon the member of staff to decide when this position has been reached.

Restrictive Physical Intervention (RPI) is used only:

- Rarely
- When there is *NO OTHER WAY*, and
- Where any other course of action would be likely to fail

Restrictive Physical Intervention (RPI) must not be used:

- To punish
- To gain pupil compliance with staff instruction (unless the instruction is to cease from a course of behaviour leading to injury, damage or serious disruption)
- To cause or threaten hurt / pain
- Oppress; threaten; intimidate and bully

There are occasions when to safeguard a pupil's dignity or safety, it would be in his / her interests to be moved to a less public place, or safer environment. This may also be the case in establishing or maintaining a safe and settled learning environment, or to prevent / lessen disruption to the environment. However, the movement of non co-operative pupils can be problematic, and needs careful consideration. Staff will need to assess the necessity of such an action, against the potential risks involved, and take into consideration all potential dangers. When pupils co-operate with movement it is usually indicative of their desire to regain self-control.

Staff using Restrictive Physical Intervention (RPI) must always adhere to the following principles:

- Follow the 'Team Teach' training given
- De-escalation and conflict resolution techniques must have been exhausted
- Always warn the pupil quietly, yet clearly and firmly that you are likely to take Restrictive Physical Intervention (RPI) *BEFORE* taking action
- *NEVER* act out of temper. If you are losing control, the professional approach is to call another member of staff to replace your involvement at this time
- The Restrictive Physical Intervention (RPI) techniques should provide a gradual, graded system of response commensurate with the situation; task and individual involved. Consideration should be made to any risk involved in any particular situations. Techniques used should allow for phasing up and down as dictated by the circumstances at that time.
- Whenever possible, more than one member of staff should be present or involved. This prompts teamwork; requires less effort and is therefore likely to minimise the possibility of damage or injury. It also prevents particular staff becoming associated with physical methods of control.
- The least intrusive method of control should be employed
- **IN EVERY CASE, no more than the reasonable amount of force, with the maximum amount of care for the minimum amount of time should be used to keep safe.** No more time taken, than is necessary to effectively resolve the situation
- The pupil should repeatedly be offered the opportunity of exercising his own self-control. Physical management should cease as *SOON AS POSSIBLE*. The skilled use of non-verbal; Para-verbal and verbal strategies aid de-escalation.
- Whilst it may be necessary for staff to be given support in physically controlling pupils, staff should be aware that creating an audience can often escalate the situation.
- As soon as possible after the incident, when the pupil is calm and ready, he / she should be given the opportunity to talk through the incident.
- **ALL INCIDENTS CONCERNING RESTRICTIVE PHYSICAL INTERVENTION (RPI) must be recorded in the Red Bound Book found in the Headteacher office.** The report should consider the circumstances and justification for using Restrictive Physical Intervention (RPI).
- Staff involved should be afforded supportive discussion, if required as soon as possible.

Procedure for Restrictive Physical Intervention (RPI)

Only staff that have undertaken the school based training programmes in 'Team Teach' methods of Restrictive Physical Intervention (RPI) and have valid confirmation of their approval to do so from the Head teacher are permitted to physically control pupils. Only those techniques of the 'Team Teach' approach can be employed.



The following procedure for Restrictive Physical Intervention (RPI) must always be followed:

- Try to give the pupil clear warning using a pupil specific script.
- Still try to offer an alternative escape route from the situation by encouraging the pupil to calm down and talk things through. (This offer must stand all the way through the incident and must be repeated to the pupil)
- The vast majority of crisis situations can be resolved through appropriately calm, controlled, dignified and skilled intervention
- Once physical intervention is necessary then it is important that it happens quickly, smoothly, confidently and successfully providing the maximum amount of care, control and therapeutic support

The choices for Restrictive Physical Intervention (RPI) are:

- Supporting the pupil in a standing position
- Supporting the pupil in a seated position (Chair / Sofa or Floor)

It is only possible to decide which of these options to take as one's experience, expertise and knowledge of the individual pupil grows, although inevitably they represent a gradual and graded increase in the extent of control used. **The paramount decisions should be based on 'Safety' for all concerned.**

****Pupils must not be held on the floor in either the front or back ground recovery position (Prone or Supine) If a pupil takes themselves to the floor in this position, then staff should release holds completely until the pupil can be managed in a recognised 'Floor seated' RPI technique, with safety as paramount concern, or until a chair / sofa seated or standing position is available / suitable.***

Elevated Risks

Physical restraint involves risk, as do all the alternatives. A reasonable response involves choosing an option which reduces rather than increases the risk. Sometimes the only effective techniques available involve a degree of danger to the staff or the child. In these difficult circumstances the risks have to be balanced carefully. Such judgements are never simple. There are positive handling techniques that reduce risk by taking people to the ground in a controlled manner. They do not involve pressure to the torso. As the risks are exceptional, Team Teach distinguishes very precisely which strategies it is willing to support. The nature of the risk must be understood along with necessary planning, training, additional safeguards, risk assessment and post incident structure. When an individual goes to the ground, or is taken to the ground by staff, it is vital that they are closely monitored. The goal should be to recover into a seated or standing position at the earliest safe opportunity.

There are risks associated with ineffective attempts to prevent a person from going to the ground. Any attempt to lift or support body weight risks spinal injury. There are also risks associated with suddenly breaking away and allowing people to fall to the ground in an uncontrolled manner. These should be balanced against the risks associated with a controlled descent and effective ground techniques. We cannot eliminate risks but we must make a balanced judgement and ensure that all agreed procedures are fully documented. All Team Teach techniques have been passed through the Risk Assessment Panel.

Positional Asphyxia

This term has been used to describe deaths which have been attributed to an individual's body position. Adverse effects of restraint include being unable to breathe, feeling sick or vomiting. Signs may include swelling to the face and neck, and petechiae (small blood-spots associated with asphyxiation) to the head, neck and chest. In order to breathe effectively, an individual must not only have a clear airway but they must also be able to expand the chest and stomach to draw air into the lungs. At rest, only minimal chest wall movement is required and this is largely achieved by the diaphragm and the intercostal muscles between the ribs. Following exertion, or when an individual is upset or anxious, the oxygen demands of the body increase greatly. The rate and depth of breathing need to increase to supply these additional oxygen demands. To achieve this additional muscles in the shoulders, neck, chest wall and abdomen are essential in increasing lung inflation. Failure to supply the body with the additional



oxygen demand (particularly during or following a physical struggle) is dangerous and may lead to death

within a few minutes, even if the individual is conscious and talking.

Any position that compromises the airway or expansion of the lungs may seriously impair a subject's ability to breathe and lead to asphyxiation. This includes pressure to the neck region, restriction of the chest wall and impairment of the diaphragm (which may be caused by the abdomen being compressed in a seated, kneeling or prone position). Some individuals who are struggling to breathe will 'brace themselves' with their arms; this allows them to recruit additional muscles to increase the depth of breathing. Any restriction of this bracing may also disable effective breathing in an aroused physiological state.

The fact that a person can complain does not mean that they can breathe

There is a common misconception that, if an individual can talk, they are able to breathe. This is not the case. Only a small amount of air is required to generate sound in the voice box. A much larger volume is required to maintain adequate oxygen levels around the body, particularly over the course of several minutes during a restraint. A person dying of positional asphyxia may well be able to talk until they collapse.

A degree of positional asphyxia can result from any restraint position in which there is restriction of the neck, chest wall or diaphragm, particularly where the head is forced downwards towards the knees. Restraints where the subject is seated require particular caution, since the angle between the chest wall and the lower limbs is already partially decreased. Compression of the torso against or towards the thighs restricts the diaphragm and further compromises lung inflation. This also applies to prone restraints, where the body weight of the individual acts to restrict the chest wall, abdomen and diaphragm movement.

Pressure to the neck

Necks are extremely fragile. Whiplash injuries are common. Some people with Down Syndrome are especially vulnerable to serious damage in this area. No attempt should be made to hold a neck. No pressure should be placed on the neck to move the head forward. This can damage the spine and restrict breathing.

Prone Holds (Not authorised in this school)

The prone position is when a person lies on their front, usually with their head to one side. Any pressure placed on a person in this position can seriously compromise breathing. The person's own body weight may sufficiently restrict breathing to produce an adverse outcome. In a prone position restriction to the abdomen can prevent the lungs from fully expanding. Any restriction to the ribcage will exacerbate the problem. No pressure may be placed on the torso of a person in any Team Teach ground recovery position. No techniques allow straddling the torso under any circumstances.

Supine Holds (Not authorised in this school)

The supine position is when a person lies on their back. With the additional complication of alcohol and / or vomiting this position may increase the risk of choking.

Seated and Standing Holds / Restraints

In seated and standing holds forcing the body forward into hyperflexion is likely to limit the expansion of the abdomen and restrict breathing. The Basket Hold and Wrap are no longer used for this reason. In both seating and standing holds staff should allow the torso to be in a comfortable natural position which allows the rib cage to expand normally rather than follow the child into a hyper flexed position. **Please not the 'Basket Hold' and the Team Teach 'Wrap' are no longer used at this school.**

Extreme exertion and other factors

Extreme exertion can be a risk factor in itself. An oxygen debt can build up over time in any form of restraint. Staff should always be ready to release at any signs of medical distress. In addition obesity, small stature, asthma, bronchitis, a blocked nose or a range of pre-existing medical conditions could



impairbreathing.

Warning signs

During a restraint and in the period following children must be monitored and supported closely. Danger signs include:

- Struggling to breathe
- Complaining of being unable to breathe
- Evidence or report of feeling sick or vomiting
- Swelling, redness or blood spots to face or neck
- Marked expansion of the veins in the neck
- Subject becoming limp or unresponsive
- Changes in behaviour either escalative or de-escalative
- Loss of or reduced levels of consciousness
- Respiratory or cardiac arrest

Immediate Action

Release or modify the restraint as far as possible to improve breathing. Immediately summon medical attention and provide appropriate first aid in line with local policy.

Team Teach Protocols

The Team Teach instruction is comprehensive and staff that are unsure about approaches, de-escalation, protocols, techniques or holds should seek clarification. The following is a brief outline of some of the main principles:

- Staff should always be aware of their own safety. Only in exceptional circumstances should staff use Restrictive Physical Intervention (RPI)s without another member of staff being present to support
- Remember to use the HELP protocols for both pupils and staff
- It is always easier if one member of staff takes the lead and directs events
- With two staff present, take one arm each. Always be aware of kicks, punches, knees, head butts, spitting, bites etc.
- Take hold at the lower forearm / wrist.
- Keep close contact with pupil, with 'no daylight' between you
- Maintain only the pressure that is required to keep safe
- Communicate with each other *and* the pupil
- If sitting in an upright chair keep well to the side and slightly behind the pupil
- Once the situation is under control, safe and secure, counselling of the pupil should begin. Use ploys like – *'we are here to help you and here to keep you safe'*.
- It is not unusual to meet a continuous stream of abuse, obscenities etc. Ignore these, try to be calm, look beyond the behaviour, and talk deliberately and in a pacifying tone. Use phrases like - *"If you want to talk, I'll listen!"*
- Offer positive feedback as soon as possible - *"Good that's better. You're much calmer now!"* or *"when you're ready and being safe we can let go'.* Alternatively model the behavior you want to see which may include putting hands safely on lap, being quiet.
- With a particularly reserved pupil it may be possible to progress the 'letting go' process by distraction methods e.g. Talking to other involved colleagues about absolutely anything appropriate, or positive talk about the pupil, or appropriate humour.
Eg - *"You know Ben's had an excellent week so far !"*
Or - *"You know I would have thought Ben would have been able to get himself out of this situation by now. He's normally quite sensible!"*
Or - *"Did you see the match last night ?"*
- Once the situation begins to calm down, significant decreases in the grades of Restrictive Physical Intervention (RPI) should commence. However these should be on staff terms and not when demanded by the pupil. If he / she asks sensibly, calmly and politely staff must adhere to

the request, however exercise caution.

- The overall aim is to (when the pupil is calm and ready to talk) discuss what provoked the whole episode, getting the pupil to examine the problem and its consequences. Staff need the pupil to realise that there was a more acceptable and appropriate way of dealing with the situation.
- The pupil should be asked if they are hurt and / or if they need medical treatment.
- The event should be discussed with all involved staff, so that positive feedback is given, and the potential for improved approach, teamwork and skills is achieved.
- A CPOMs behavior report must be written along with a record of incident that should also be recorded in the Bound Book found in the Head Teacher office on the day the incident occurred.
- must be written with all involved staff and the pupil given the opportunity to record their own feelings and opinions.

Any use of Restrictive Physical Intervention (RPI) must be reported as soon as possible to a member of SLT, a CPOMs form completed, and recorded in the Red Bound and numbered Book. Where an injury occurred.

Information regarding Restrictive Physical Intervention (RPI) used with pupils will frequently be discussed amongst staff. This information will be used to positively amend practice and intervention strategies, risk assessments etc.

Monitoring

SLT should monitor the use of Restrictive Physical Intervention, particularly Restrictive Physical Intervention (RPI), by examining:

- The frequency of their use
- The justification of their use
- Their nature
- Their users
- The views of the pupils concerning them

SLT must ensure that:

- The need to use Restrictive Physical Interventions are minimised
- Restrictive Physical Interventions are used only in the appropriate circumstances
- Only the appropriate Restrictive Physical Interventions are used in particular situations in line with the BILD code of practice.

SLT must also:

- Take appropriate action over issues of concern of either a generic or specific nature

It is the responsibility of any member of the school's staff team to alert a member of the Senior Leadership Team of any concerns they have regarding any individual pupils in their care.

Recording, Reporting and Monitoring

Record Keeping

'Any individual pupil records are kept for a period of 25 years after the date of birth of the child or are passed to the next school and a receipt obtained. This retention period is the minimum period that any pupil file should be kept'

(National Minimum standards for Residential Special Schools – Sept. 2011: Standard 22.3)

In addition to the above, Team Teach strongly recommends that all services should keep records / copies of incidents of restraint, for a minimum period of 25 years from the date of the incident.

The behaviour of some individuals presents a hazard to themselves and others. In settings which cater for



individuals who exhibit hazardous behaviours, records serve a number of purposes:

- They can be an invaluable aid to risk assessment and risk reduction by communicating information about known hazards.
- They can provide evidence of both poor and preferred practice to help managers target training.
- They can direct managers towards improving the quality of the guidance they provide for staff.
- They can expose malpractice and protect staff against false allegations.
- Employers who fail to establish effective recording and reporting systems to protect children, young people, vulnerable adults and staff are in breach of their statutory duties under Health and Safety legislation.

Records

ACPOMs behavior report must be written

Record of all de-escalation/guide/prompt techniques used.

Please ensure your report includes information under the following headings:-

- § Trigger
- § Escalating behaviour and communication used
- § Crisis behaviour
- § Location
- § Staff needed to support
- § De-escalation strategies used & impact
- § Recovery
- § Time taken (mins)

- A record of incident should also be recorded in the Bound Book found in the Head Teacher office on the day the incident occurred.
- Must be written with all involved staff and the pupil given the opportunity to record their own feelings and opinions.

Major Incident Report Forms

All incidents using RPI should be recorded, reported, monitored and evaluated using the school's MIR report form.

It is the responsibility of staff involved in an incident to complete a report in the Red Bound Book before the end of the day in the case of a contentious incident, or within a 24 hour period in all other incident cases. Parents / carers should also be notified that the child has been involved in Restrictive Physical Intervention (RPI) resulting in a Bound Book entry. Upon completion, this form should be handed in to the Head teacher.

Behaviour Transformation Plans (BTP)

Planned responses and techniques should be written out and included in support plans: Behaviour Transformation Plans and Risk Assessment where appropriate.

The plans need to be developed for individuals assessed as being at greatest risk of needing restrictive physical intervention in consultation with the pupil and his / her parents / carers.

Such plans would include strategies to prevent and deal with any recurrence of behaviour that could lead to the use of force and should be reviewed and updated as required or at least twice a year.

These plans should include:

- Risk assessments where necessary, and alert people / staff to foreseen risks.
- Should warn against strategies which have been ineffective in the past.
- Should include preferred strategies and suggest ideas for the future.
- Should bring together contributions from key partners (including Parents / Carers) working in partnership, and signed by all concerned.
- Should be reviewed regularly and / or when changes to the individual child's circumstances are



evident

Notification of RPI

Each such incident should be reported to the parent / carer. If it is likely that reporting an incident to a parent / carer will result in significant harm to the pupil, significant incidents should be reported to the local authority. This should be reported to a DSL. The person who makes the telephone call need not be the person who compiled the incident report. In the event of parents not being able to be contacted by phone regarding RPI, an email would be sent home notifying them accordingly of the incident.

Search for weapons and other prohibited items

- Reasonable force may be used to search pupils without their consent for weapons.
- This power of search may be exercised by Head teachers and staff authorised by them, where they have reasonable grounds for suspecting that a pupil has a weapon.
- From September 2010, the power to search pupils without their consent was extended to include alcohol, illegal drugs and stolen property.
- Where resistance is expected school staff may judge it more appropriate to call the police.

Pupil Complaints / Suspension

When a complaint is made the onus is on the person making the complaint to prove that his / her allegations are true – it is not for the member of staff to show that he / she has acted reasonably. The Academy should always consider whether a member of staff has acted within the law when reaching a decision on whether or not to take disciplinary action against the teacher.

If a decision is taken to suspend a member of staff, the school should ensure that the teacher has access to a named contact who can provide support. Suspension must not be an automatic response when a member of staff has been accused of using excessive force.

As employers, schools and local authorities have a duty of care towards their employees. It is important that schools provide appropriate pastoral care to any member of staff who is subject to a formal allegation following a 'use of force' incident.

This Policy Statement MUST be read in conjunction with the School's Behaviour Policy