FOWEY PRIMARY SCHOOL

POLICY ON THE USE OF FORCE TO CONTROL OR RESTRAIN CHILDREN AND YOUNG PEOPLE

Restrictive Physical Interventions (RPI) / Team Teach

We pride ourselves at Fowey Primary School on providing a safe learning environment for our pupils. Sometimes, some of our children may get anxious or agitated – we will do our best to help pupils to calm down using communication skills, distraction techniques and removing triggers where possible.

However, there may be times when children need more help to calm down – this may require staff physical support to ensure the pupil's own safety, the safety of other pupils and staff, or that property is not seriously damaged. This can require physical interventions. At Fowey Primary School we have trained in the Team Teach approach to manage challenging behaviour. Most of our teaching and non-teaching staff have been trained in the use of this approach and we have three staff in school who carry out initial training, ongoing refresher training, and advise staff on managing behaviour.

All incidents where children need to be held to help them to calm down are recorded in school and parents are informed as a matter of course. Children who are likely to need help in this way will have an Individual Behaviour Management Plan that will be discussed with you and consistently followed by all school staff. We will also ask you to share this information with other people/agencies supporting your son/daughter, e.g. transport, respite, link family, etc.

If you have any questions about how we manage behaviour at school, or about the Team Teach approach please contact school and speak to Chris Wathern.

Policy adopted on: 24th January 2012
Signature of Headteacher:……
Signature of Chair of Governors:…….

Review date: January 2013

INTRODUCTION

This policy is based on guidance outlined in DFE (July 2011) Use Of Reasonable Force. The circular refers to the Education and Inspections Act 2006 which clarifies the position regarding the use of physical force by teachers and other staff working in schools, to control or restrain pupils. Staff should also refer to the whole school positive behaviour policy on behaviour and discipline.

PART ONE

Staff should refer to the Local Authority policy 'Guidelines for the Use of Physical Restraint in Schools and Social Care Settings' for more detailed advice. This is available in the **POLICY FOLDERS (STAFF ROOM) and CORNWALL COUNCIL'S WEBSITE** http://www.cornwall.gov.uk/default.aspx?page=7580

At Fowey Primary School we believe that the use of reasonable force is only necessary to prevent a pupil from:

- Committing a criminal offence
- Injuring themselves or others
- Causing damage to property, including their own
- Engaging in any behaviour prejudicial to maintaining good order and discipline at the school or among any of its pupils, in the classroom during a teaching session or elsewhere, such intervention would only occur if normal positive behaviour management had not worked.

Three members of staff, Chris Wathern, Maria Barnes and Paul Trudgeon are Team Teach Trained, in addition at Fowey Primary School, all teachers are empowered to restrain.

The use of restraint should always be a last resort. If practical before intervention, a calm warning or instruction to stop should be given and every effort should be made to achieve a satisfactory outcome without physical intervention. **In all circumstances help MUST be sent for, even when immediate intervention is necessary.**

Restraint can take a variety of forms, many of which are outlined in DFE (July 2011) Use Of Reasonable Force and in the Local Authority guidelines referred to above. Staff should always avoid touching / holding a pupil in a way that might be considered inappropriate. Force, where used, should always be reasonable. There is no definition of 'reasonable force'; it should always be proportional to the circumstances of the incident. It should be used only to control or restrain and never with the intent to cause pain or harm. It must, therefore, be the

minimum needed to achieve the desired result. In any action, due regard has to be taken to the age, understanding and sex of the child / young person.

Regular changeovers of staff should where possible occur during a protracted holding episode, the child / young person must continue to be given opportunities to calm and de-escalation strategies should be attempted. Team Teach techniques seek to avoid injury to the child / young person, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent side effect of ensuring that the child / young person remains safe. Any adjustments to professional technique are examined in the recording and reporting phase of the procedures in light of any issues arising out of a crisis episode.

Fowey Primary School accepts and understands that in accordance with the law corporal punishment is forbidden.

PART TWO

Where restraint has been necessary, the incident must be reported to a senior colleague, **Chris Wathern** or **Maria Barnes** and logged. **A report should be written and filed using the Local Authority forms which can be obtained from the Headteacher, Chris Wathern.**

In the event of an injury occurring, the appropriate H/S61 or HSW5 must be completed and the accident reporting procedures must be followed. Parents / carers of the children / young people involved will always be advised of an incident and it may be necessary for it to be followed up by other disciplinary action or pastoral support.

Three members of staff: **Chris Wathern, Maria Barnes and Paul Trudgeon** will be provided by the Local Authority with training on the use of restraint and will be expected thereafter to arrange guidance for all other staff members both teaching and non-teaching. All parents / carers must be made aware this policy. All new members of staff, part time staff and supply staff will be expected to read this policy.

A policy on restrictive physical intervention (positive handling) should be an integral but discrete element of the school's individual behaviour management policy. Should schools wish to devise their own policy it is recommended that it should be organised into sections covering the following:

- introduction
- school / setting expectations

- positive behaviour management
- risk assessment and planning for use of restrictive physical intervention (positive handling)
- use of restrictive physical intervention in unforeseen and emergency situations
- post-incident support
- reporting and recording use of restrictive physical interventions
- monitoring use of restrictive physical interventions
- responding to complaints
- staff training.

Preferred Practice

DO

- Wherever possible plan appropriate positive intervention and involve parents / carers and colleagues.

- Know the procedures within the school's guidelines for the use of physical restraint.

  A copy of these are available from the Policy Folders in the Staff Room. Discuss these with a senior member of staff if you are unsure of any point.

- Be aware of children / young people who have been physically restrained before and what happened.

- Send for adult help early if things begin to get out of hand and restraint seems likely.

- Assess the situation before acting.

- Stay calm – do not over-react.

- Use minimum restraint for minimum time until the situation is calm.

- Report the incident to the headteacher or senior member of staff as soon as possible and complete a report form.

- Consult your Line Manager, Professional Association or Trade Union if you have any concerns.

- Remember your professional obligations to all children / young people in your care.

DO NOT

- Place yourself at risk: do not attempt to restrain a child / young person who obviously carries a "weapon".
- Attempt to restrain a child / young person when you have lost your temper.
- Allow the situation to get out of control.
- Use unreasonable force.
- Place yourself at risk of false allegation: avoid being alone with any child / young person.

APPENDIX 1: SUGGESTED FORMAT FOR INCIDENT REPORT (NUMBERED PAGES)

This form is to be completed by the member of staff involved in the incident, where appropriate, with support from a senior colleague and in accordance with the school / Residential Establishment and other setting 'Positive Behaviour Policy and Guidance' and Local Health and Safety policy. It should be noted that this is a legal document and is designed to protect the interests of children / young people and staff. Any incident involving handling a child / young person as a result of a crisis MUST be recorded within 24 hours and given to the Headteacher or Cornwall Council Residential Services Manager.

Child/ Young P's Name:	Date of Birth/NC Year Group:
Class:	Tutor:
Date of Incident:	Time of Incident:
Reported by:	Location:
Staff involved:	
Others present:	

Antecedent (situation prior to incident and details of incident)

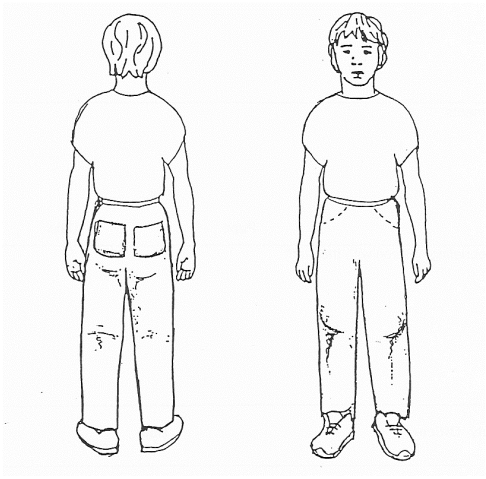
Behaviour (describe the actual behaviour of those concerned)

Assault on Child / Young Person		**Injury to Adult**	
Serious assault / police involvement		Accidental	
Physical Harm		Deliberate assault by pupil	
Damage to Property		**Absconding**	
Accidental		Within the grounds	
Intentional		Off premises	
Sexualised Behaviour		**Substance Abuse**	
All categories		All categories	

Threatening Behaviour	**Staff**	**Pupils**
Verbal abuse towards		
Physically threatening behaviour towards		

Accident/Injury to Pupil							
During incident		First Aider		Hospital		GP	
During handling		Body Map used		Accident Log		Other	

Positive Handling Strategy {In accordance with policy guidance}					
Held by 2 or more		Friendly hold		Figure of four hold	
Holding only		Single elbow		Wrap – for smaller child	
Guided		Double elbow		Shield	
Cradle Hold		Kneeling hold		Wrap to floor	
Inside double elbow		Position – standing/sitting/kneeling/prone			

Consequences Follow Up Action Taken ~ Strategies Used				Identify any visible injuries
Individual counselling		Removal of privilege		
Removal from area		Letter home		

Young Person/Pupil Comment

Debrief of Staff Involved

Senior Staff Comment ~ Further Action Required ~ Lessons Learnt	
Does this child / young person have a behaviour improvement plan / IEP / IBP?	Y / N
Is one needed / or needs amending?	Y / N

Agencies informed:		Comment
Police Involvement		
Social Care		
Safeguarding Unit		
Parents		
Local Authority		
Other		

For office use only:			
Head teacher / Senior Manager (Resources)		Copies to:	
Child Incident no:		School / Residential Establishment or other Setting Incident no:	

NUMBERED PAGE

APPENDIX 2 – SUGGESTED FORMAT OF BEHAVIOUR MANAGEMENT PLAN

Behaviour Management Plan (Including Positive Handling Strategies)	
Name of Client:	**Date of Birth:**

Trigger Behaviours (describe common behaviours / situations which are known to have led to positive handling being required. When is such behaviour likely to occur?		
Topography of Behaviour: (Describe what the behaviour looks/sounds like?		
Preferred Supportive Strategies: (other ways of CALMing such behaviours) (Describe strategies that, where and when possible, should be attempted before positive handling techniques are used) eg		
Verbal advice and support	Reassurance	Planned ignoring
CALM talking / stance	Take up time	Time out offered
Choices / Limits / Consequences	Negotiation	Transfer Adult
Humour	Success Reminder	Distraction (known key words, object, etc)
Others		
Preferred Handling Strategies: (describe the preferred staff responses/holds, standing, sitting, ground, stating numbers of staff, what "gets out" that can be used when holding etc)		
De-briefing process following incident: (what care is to be provided)?		

Recording and notifications required:

Signatures

Manager / Designated member of staff: .....

Parents / Carers: .....

Date: ……. / ……. / …….

Renewal Date: ……. / ……. / …….

APPENDIX 3: EXAMPLES OF CARING, SUPPORTIVE AND THERAPEUTIC CONTACTS

CARING RESPONSES

(a)	Greetings	☐	Handshake, hand on hand, arm on shoulder and spontaneous hug!
(b)	Personal Care	☐	Washing hands / face, brushing / combing hair, cleaning wounds on head / limbs
		☐	Assistance with toileting, clothing, cleaning and general washing and drying for the very young and as appropriate for some young people with special needs **with due respect for personal privacy and dignity**
		☐	Assistance with mobility for some young people as required

SUPPORTIVE RESPONSES

(a)	Accident Prevention	☐	Holding forearms or elbows, eg to support balance

		☐	Supporting body, head and limbs for disabled young people to meet individual need
		☐	Adjusting equipment and outer clothing
(b)	Skill Promotion	☐	Correcting hand, finger, arm and body position in the use of instruments, tools and implements
		☐	Correcting body position in the acquisition of a sporting skill, eg holding a racket or performing a headstand in gymnastics
		☐	Preventing inappropriate body movements and facilitating appropriate ones for some young people with special needs
		☐	Physical prompting techniques in modelling behaviour

THERAPEUTIC RESPONSES

(a)	Comforting Contact	☐	Holding hands, hands on shoulders, arms around shoulders
		☐	Sitting on one's lap (as appropriate to the child / young person's age, gender and needs)
(b)	Therapeutic Contact	☐	Physiotherapy
		☐	Hydrotherapy
		☐	Holding techniques
		☐	Halliwick method (swimming)
		☐	Sherbourne technique (movement)

☐ Administration of medication

NON ACCEPTABLE RESPONSES

Avoid	Contact with parts of the body other than shoulders, arms and hands in all but exceptional circumstances, eg staff working with physical disabled pupils. Teachers responsible for physical education should refer to BAALPE - Safe Practice in Physical Education. Another exception would be sitting a young child / young person on one's lap
Avoid	Contact when a child / young person is in a reactive emotional state unless essential for reasons of safety.
Avoid any contact	When alone with a child / young person unless it is clearly relevant (a) to teaching a skill eg individual instrumental tuition; or (b) to the need for dignity of disabled young people eg when helping with toileting
REMEMBER	**the way our behaviour is experienced and interpreted may not match our intentions, however well meaning! Children / young people should always be helped to understand the purpose of physical contact**

APPENDIX 4: ADVICE SHEET

PHYSICAL INTERVENTIONS – POSITIONAL ASPHYXIA

Deaths during and following restraint continue to occur in the UK in a variety of workplace settings. It is essential that all staff are made aware of the potential dangers associated with restraints, understand their mechanisms and can recognise their early signs.

BACKGROUND

A number of adverse effects (including some deaths) have been reported following the application of restraints. These deaths have been attributed to positional asphyxia (asphyxiation resulting from an individual's body position). Adverse effects of restraint include being unable to breathe, feeling sick or vomiting, developing swelling to the face and neck and development of petechiae (small blood-spots associated with asphyxiation) to the head, neck and chest. This advice sheet serves to remind staff of the dangers of restraint and signs of impending asphyxiation.

MECHANICS OF BREATHING

In order to breathe effectively, an individual must not only have a clear airway but they must also be able to expand their chest, since it is this that draws 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 are increased to supply these additional oxygen demands. 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.

POSITIONAL ASPHYXIA

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.

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 speak prior to collapse.

When the head is forced below the level of the heart, drainage of blood from the head is reduced. Swelling and blood spots to the head and neck

are signs of increased pressure in the head and neck which is often seen in asphyxiation.

A degree of positional asphyxia can result from any restraint position in which there is restriction of the neck, chest wall or diaphragm, particularly in those 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 and the abdomen, restricting diaphragm movement.

RISK FACTORS FOR POSITIONAL ASPHYXIA

Any factors that increase the body's oxygen requirements, (for example, physical struggle, anxiety and emotion), will increase the risk of positional asphyxia. A number of specific risk factors are listed below:

- Restriction of or pressure to the neck, chest and abdominal
- Prolonged restraint after physical struggle causing fatigue
- Restraint of an individual of small stature
- Any underlying respiratory disease (eg asthma)
- Obesity
- Alcohol or drug intoxication (alcohol and several other drugs can affect the brain's control of breathing and an intoxicated individual is less likely to reposition themselves to allow effective breathing)
- Unrecognised organic disease
- Psychotic states
- Recent head injury
- Presence of an 'excited delirium state', a state of extreme arousal often secondary to mania, schizophrenia or use of drugs such as cocaine, characterised by constant, purposeless activity, often accompanied by increased body temperature. Individuals may die of acute exhaustive mania and this may be precipitated by restraint asphyxia.

A COMBINATION OF CHEST WALL AND ABDOMINAL RESRICTION IN A SEATED, KNEELING OR LEANING FORWARDS POSITION IS PARTICULARLY DANGEROUS.
ANY SEATED HOLDS THAT CAUSE SUCH RESTRICTIONS TO OCCUR SHOULD NOT BE USED IN ANY CIRCUMSTANCES.
IN CONTROLLING AN INDIVIDUAL IN A SEATED POSITION, PARTICULAR CARE MUST BE GIVEN TO KEEPING THE SEATED ANGLE AS ERECT AS POSSIBLE.
SUBJECTS MUST BE METICULOUSLY OBSERVED AND MONITORED ACCORDING TO THE ADVICE ON THIS SHEET.

IMPORTANT WARNING SIGNS

- An individual struggling to breathe
- complaining of being unable to breathe *
- Evidence or report of individual feeling sick/vomiting
- Swelling, redness or blood spots to face or neck
- Marked expansion of the veins in the neck
- Subject becoming limp or unresponsive
- Change in behaviour (BOTH ESCALATIVE AND DE-ESCALATIVE)
- Loss of or reduced levels of consciousness
- Respiratory or cardiac arrest

* Some subjects may complain of being unable to breathe to get staff to release the restraint. Staff should never presume that this is the case and should release or modify the restraint to reduce the amount of body wall restriction.

ACTIONS

- Immediately release or modify the restraint as far as possible to effect the immediate reduction in body wall restriction
- Immediately summon medical attention and provide appropriate first aid in line with unit policy
- **Not breathing? Administer rescue breaths**
- **No pulse? Start CPR**
- **Complete report**
- **Attend post incident de-briefing**

NB: Subjects may complain of being unable to breathe to get staff to release a restraint. Staff should never presume this to be the case and should release/modify the restraint to reduce body wall restriction.

APPENDIX 5: SAMPLE POST INCIDENT LETTER TO PARENT(S)/CARER(S)

Date: ……

Dear Parent/Carer

Today your son's/daughter's behaviour became extremely challenging and as such posed a health and safety risk to themselves, other children and /or staff. Staff supported him/her by following their agreed Individual Behaviour Management Plan to reduce the risk and help him / her to calm down and regain control of themselves.

Although we followed their Individual Behaviour Management Plan and tried everything we could to calm them down, at some point during the incident it was necessary to use Team Teach techniques to hold them safely – we tried everything we could to avoid this, but it was decided that it was the best risk reduction option for everyone involved, including your son/daughter.

Your son/daughter has been checked by the school nurse and/or school staff with a First Aid qualification and monitored since the incident, but we would ask that you keep an occasional eye on them for the next few hours to ensure they are O.K. - breathing should be regular and complexion should be normal. Should you have any concerns about your child's health, please seek medical advice.

Should you wish to discuss the incident or how it was managed please contact school on (01726) 832542 and the Headteacher will be happy to talk to you about it.

Please sign and return the slip below to school/setting as soon as possible.
Please be assured that your son/daughter's health and safety is our highest priority and we will do all we can to safeguard their welfare
whilst managing to the best of our ability such challenging behaviour.

Yours sincerely,

Headteacher

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Behaviour Management

I confirm that I have received a letter about my child being restrained during an incident.

Please tick the following boxes as appropriate:-

q I wish to come into school to discuss this further
q I would like someone from school to ring me to discuss this further
q I am happy about the way in which my child's behaviour is managed at school

Signed ……

Parent/Carer of …… Date ……

If you would like further copies of this document, please contact ……