

Physical Intervention Policy

The Davenport School



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1. Planning for Children

As part of the assessment and planning process for all children, consideration must be given to whether the child is likely to behave in ways which may place him/herself or others at risk of injury or may cause damage to property.

If such risks exist, consideration must be given to the strategies that will be adopted to prevent or reduce the risk, these strategies may include physical intervention and or restraint.

Where physical intervention may be necessary, for example, if it has been used in the recent past or there is an indication from a Risk Assessment that it may be necessary, the circumstances that give rise to it and the strategies for managing it should be outlined in the Student Intervention Plan.

In developing such a plan, consideration must be given to whether there are any medical conditions which might place the child at risk should techniques or methods of physical intervention be used. If so, any Health Care Professional currently involved with the child, should approve strategies and this must be drawn to the attention of those working with or looking after the child and it must be stated in the Student Passport. If in doubt, medical advice must be sought.

2. Definition of Physical Interventions

There are four broad categories of Physical Intervention;

Restraint:

Defined as the positive application of force with the intention of overpowering a child, practically, this means any measure or technique designed to completely restrict a child's mobility or prevent a child from leaving, for example;

- Any technique which involves a child being held on the floor.
- Any technique involving the child being held by two or more people.
- Any technique involving a child being held by one person if the balance of power is so great that the child is effectively overpowered. E.g. where a child under the age of ten is held firmly by an adult.
- The locking or bolting a door to contain or prevent a child from leaving.

The significant distinction between the first category, Restraint, and the others (Holding, Touch and Presence), is that Restraint is defined as the positive application of force with the intention of overpowering a child. The intention is to overpower the child, completely restricting the child's mobility, the other categories of Physical Intervention provide the child with varying degrees of freedom and mobility.

Holding:

This includes any measure or technique which involves the child being held firmly by one person, so long as the child retains a degree of mobility and can leave if determined enough.

Touching:

This includes minimum contact to lead, guide, usher or block a child, applied in a manner which permits the child quite a lot of freedom and mobility.

Presence:

A form of control using no contact, such as standing in front of a child or obstructing a doorway to negotiate with a child; but allowing the child the freedom to leave if they wish.

3. Who May Use Physical Interventions

Staff may only use techniques that are approved by the school; before physical intervention is used, the member of staff initiating the restraint must be trained in the CPI Safety Interventions. CPI Safety Interventions techniques should comply with the following principles;

- Not impede the process of breathing, the use of 'prone facedown' techniques must never be used.
- Not be used in a way which may be interpreted as sexual.
- Not intentionally inflict pain or injury or threaten to do so.
- Avoid vulnerable parts of the body, e.g. the neck, chest and sexual areas.
- Avoid hyperextension, hyper flexion and pressure on or across the joints.
- Not employ potentially dangerous positions.

4. Staff Training and criteria for using Physical Interventions

Staff Training:

All staff must be trained in methods of CPI Safety Interventions including the use of physical intervention and restraint that are agreed by the school.

This training must ensure that staff are able to:

- Manage their own feelings and responses to the emotions and behaviours presented by children, to understand how past experiences and present emotions are communicated through behaviour.
- Manage their responses and feelings arising from working with children, particularly where children display challenging behaviour or have difficult emotional issues.
- Understand how children's previous experiences can manifest in challenging behaviour.
- Use methods to de-escalate confrontations or potentially violent behaviour to avoid the use of physical intervention and restraint.

Criteria for using Physical Intervention:

There are different criteria for the use of Restraint and other forms of Physical Intervention, such as Holding, Touching and Physical Presence.

Restraint, which is the form of Physical Intervention used with the intention of overpowering a child, may only be used where there is likely Significant Harm or Serious Damage to Property.

Other forms of Physical Intervention, such as Holding, Touching or Presence, are less forceful and restrictive than Restraint, and may be used to protect children or others from Injury which is less than Significant or to prevent Damage to Property which is less than serious.

Restraint may not be used to force compliance or as a punishment where Significant Harm or serious damage to property are not otherwise likely.

Before Restraint or *any other* form of Physical Intervention is used, staff must be satisfied that it is necessary because there is a risk of injury or damage to property and that;

- The injury or damage is likely in the Predictable Future.
- The intervention is Immediately necessary.
- The actions or interventions taken will be as a Last Resort.
- That any force or intervention used is the Minimum Necessary to achieve the objective.

Within, The Davenport School if a pupils behaviour is significantly impacting on the ability and opportunity of other to learn then they can be supported and escorted from the classroom.

5. Locking or Bolting of Doors

It is acceptable to use electronic mechanisms or other modifications which are necessary for security, for example on external exits or windows, so long as this does not restrict children's mobility or ability to leave the premises if they wish to do so.

It is also acceptable to lock doors to physically restrict the normal movement within or from the school to reduce the risk of Significant Injury or Serious Damage to Property and so long as the criteria set out above **(Section 4.2 (4): Criteria for Using Physical Intervention)** are met i.e. where the injury or damage to property is likely in the predictable future, that the locking of the door is immediately necessary, used as a last resort and for the minimum amount of time necessary to deescalate the situation. During the school day the school exit and entrance doors are locked, all staff have keys to the main exit. In the event of a fire alarm, the door is automatically open.

6. Notifications

If physical intervention is used upon a child, a report is to be written up as soon as practically possible, the child's Social Worker must be notified within one working day.

If a serious incident or the Police/Emergency services are called, the Teacher in Charge and Child Protection Co-ordinator must be notified.

Dependent on the legal status of the child the Social Worker may make a decision about whether to inform the child's parent(s).

7. Medical Assistance & Examination

Where physical intervention has been used, the child, staff and others involved must be able to call on medical assistance and children must always be given the opportunity to see a Registered Nurse or Medical Practitioner, even if there are no apparent injuries.

If a Registered Nurse or Medical Practitioner is seen, they must be informed that any injuries may have been caused from an incident involving physical intervention.

Whether or not the child or others decide to see a Registered Nurse or Medical Practitioner it must be recorded, together with the outcome.

8. Recording and Management Review

Recording:

All forms of Physical Interventions should be recorded with a restraint report must be completed.

The restraint should be recorded in the handover to the home, The Teacher in Charge is to read the report and comment on the incident. A copy of the report is then sent to the Child Protection Co-coordinator at ECS Head Office.

Management Review:

The Child's Intervention Plan should be reviewed to incorporate strategies for reducing or preventing future incidents. The child must be encouraged to contribute to this review and, if a health care professional is involved with the child, any new strategies must be approved by that person.

The Teacher in Charge should regularly review incidents and examine themes and patterns identifying issues emerging from this to enable staff to reflect, learn and inform future practice and, where necessary, should ensure that procedures and training are updated.