

## Physical Intervention



**Date of issue: May 2024**

**Date of review: May 2025**

**Review date: May 2026**

### **Key Personnel**

**Executive Principal: Matthew Seex**

**Chair of Local Academy Committee: Zoe Heath**

## **St. John's C of E Primary School Physical Intervention Policy**

At St John's we are committed to providing a safe, caring and inclusive environment for pupils, staff and visitors. Our Behaviour Policy details how we aim to achieve a positive, caring ethos.

This policy also connects to policies on Health and Safety, Child Protection and safeguarding and Equal Opportunities. Some children, because of the nature of their difficulties, will need additional support to help manage their behaviour in a crisis situation, which may result in the need for physical intervention.

### **Legal Framework**

Section 93 of the Education & Inspections Act 2006 allows 'teachers and other persons who are authorised by the Executive Principal who have control or charge of pupils to use such force as is reasonable in all the circumstances to prevent a pupil from doing, or continuing to do, any of the following:

- causing injury to his/herself or others
- committing an offence
- damaging property
- prejudicing the maintenance of good order & discipline'

**Physical intervention should not be used to gain compliance from the child, however where the lack of compliance poses a danger or potential danger to the child themselves, or others physical intervention may be considered.**

Advice for school staff and governing bodies is also available in the DfE document, Use of reasonable force, July 2013.

### **What Physical Intervention is**

Physical intervention occurs whenever a member of staff, using intentional force, physically restricts a child's movement against his or her will. We must differentiate between children being escorted and the use of physical intervention.

Staff will need to make their own assessment as to whether they have employed a physical intervention in order to control behaviour but any restrictive interventions including a single elbow both sides of the child would be considered a physical intervention.

All physical interventions must be recorded (see section on recording) and parents/guardians informed.

### **What Physical Intervention is not**

Physical restraint does not include the use of gentle physical prompting or guidance where the child is happy to comply, and the aim is to assist him or her to participate appropriately in activities. There are other situations where physical contact may be necessary e.g.; demonstrating exercises in PE lessons; administering first aid; or offering comfort to a distressed pupil. This does not constitute restraint, but staff should be conscious of pupil perceptions and recognise that for some pupils touching may be unwelcome and misinterpreted despite good intentions.

## **The Role of Physical Intervention**

The role of physical intervention is very much a minor role in the school's positive strategy for the management of children's behaviour. Physical intervention must be seen as the last resort, and it is expected that staff will have exhausted all other strategies in order to avoid the aggression. These strategies include:

- Redirection
- Planned ignoring
- Calm talking

The school will ensure that where it is anticipated that physical intervention is likely to be required by a pupil, a personalised risk assessment and a behaviour plan will be produced. Once completed both the behaviour plan and personalised risk assessment will be shared with parents and, where appropriate, the social worker for the child.

The use of physical intervention will be based on the risk assessment made by staff in each individual circumstance, and factors that need to be taken into account include:

- The environment in which the situation is taking place
- The number and vulnerability of people nearby
- The ability to remove other children/people from the immediate environment
- Whether or not alternative strategies are appropriate in the individual circumstances.

The school has members of staff trained in positive handling through the Crisis Prevention Institute who will be called as the first response, however, all teachers and support staff have been authorised by the Executive Principal to use physical restraint (adhering to the Reasonable Force in Schools 2013 guidance) only when the risks involved in doing so are outweighed by the risks in NOT using restraint.

Should a member of staff find him/herself alone with the child, they should seek assistance before implementing a restrictive intervention.

When physical restraint becomes necessary:

DO

- Tell the pupil what you are doing and why
- Use the minimum force necessary
- Involve another member of staff if possible
- Tell the pupil what s/he must do for you to remove the restraint (this may need frequent repetition)
- Use simple and clear language
- Hold limbs above a major joint if possible e.g. above the elbow
- Relax your restraint in response to the pupil's compliance

## DON'T

- Act in temper (involve another staff member if you fear loss of control)
- Involve yourself in a prolonged verbal exchange with the pupil
- Involve other pupils in the restraint
- Touch or hold the pupil in a way that could be viewed as sexually inappropriate conduct
- Twist or force limbs back against a joint
- Bend fingers or pull hair
- Hold the pupil in a way which will restrict blood flow or breathing e.g. around the neck
- Slap, punch, kick or trip up the pupil
- Use physical restraint or intervention as a punishment

### **Actions after an Incident**

Any physical intervention must be recorded on the Physical Intervention Record Form These must be done immediately following an intervention and must be handed to SENCO / Head of School who will notify parents and ensure that the school behaviour policy is adhered to.

Failure to record this information will be treated under disciplinary rules.

The recording of interventions is necessary to monitor the situation with each child and to provide protection for staff involved. Following a physical intervention staff will receive support and an opportunity for a debrief. It is recognised that having to undertake such an intervention is very stressful to the staff involved and staff often need time to unload. Time must also be given after the situation has calmed for the child, where appropriate, to be able to talk about the situation and their feelings. This may prove difficult for some children but staff must endeavour wherever possible to provide this opportunity.

It is the responsibility of the Head of School to monitor the use of physical interventions in the school.

Where a number of restraint incidents have occurred with an individual child it may be necessary to revisit the child's behaviour plan.

### **Complaints and Allegations**

A clear physical intervention policy, adhered to by all staff and shared with parents, should help to avoid complaints from parents. It is unlikely to prevent all complaints, however, and a dispute about the use of force by a member of staff might lead to an investigation, either under the complaints disciplinary or allegation management procedures. It is our intention to inform all staff, pupils, parents and governors about these procedures and the context in which they apply.

We will review this policy on a yearly basis.

**Appendix 1**



# My Safety and Support Plan

Name _____	
Signature _____	Date _____
Name of staff helping me to develop my plan _____	
Signature _____	Date _____

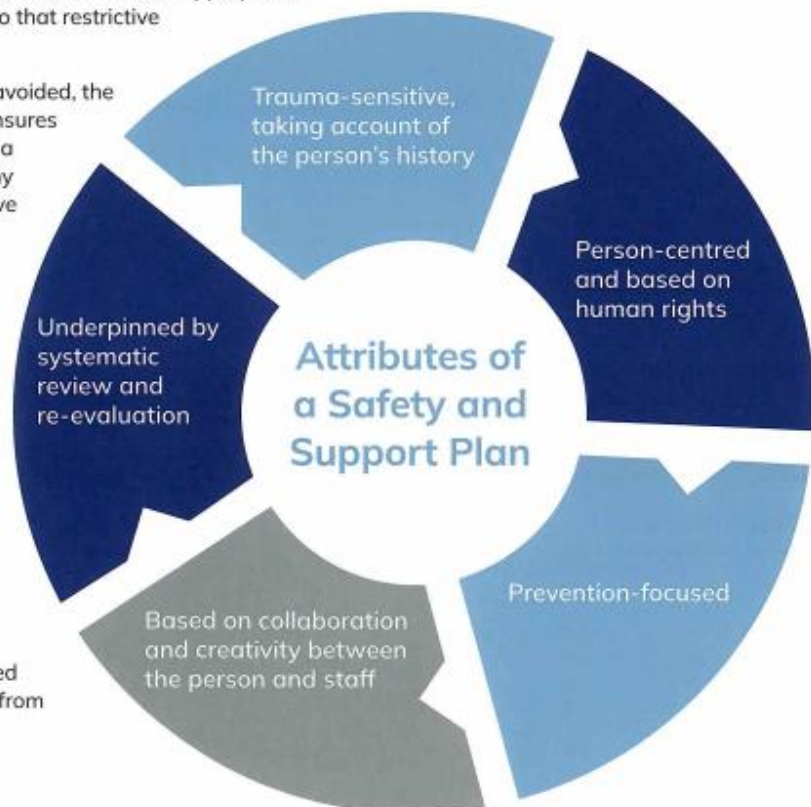
# My Safety and Support Plan

The *My Safety and Support Plan* is an individualised plan that the person develops (with the help of staff if necessary) to ensure that potential crisis events are avoided. This should be written in easy-to-understand language so that all staff can implement the plan and provide the person with the necessary person-centred, trauma-sensitive care and support.

The plan's focus is to understand the person's history—their strengths, gifts, and abilities; their friends, family, and people that matter; the things that are important as well as the triggers that are likely to lead to crisis—so that such crisis events can be minimised and restrictive interventions avoided. Each person should have their own safety and support plan even if their behaviour is unlikely to escalate to crisis, since the plan helps staff to think about personalising the care and support they offer. The plan helps staff to avoid common conflicts and triggers that often underpin crisis events. It also enables staff to identify escalating behaviour. When staff recognise this behaviour, they can determine the appropriate person-centred interventions so that restrictive practices can be avoided.

When crisis events cannot be avoided, the *My Safety and Support Plan* ensures that staff continue to maintain a trauma-sensitive approach. Any agreed and necessary restrictive interventions continue to take account of the person's immediate needs and wishes in order to ensure that harm is minimised and to maintain the individual's *Care, Welfare, Safety, and Security*<sup>SM</sup>.

The plan should be a 'live' document that is regularly revisited to ensure that staff understand how to provide good support to the person. The plan must always be reviewed after a crisis event has occurred so that further approaches can be implemented to prevent similar crisis events from happening again.



## My Circle of Support

*(The people who are important to me, my friends and the people who help and support me)*

## Primary Preventive Interventions

*(Getting the right fit between my needs and my support)*

**What strengths, gifts, and qualities do I bring?** *(Getting to know me)*

**What is important to me? What works for me?** *(What matters most to me right now, and in the immediate future: What makes for a good day; what keeps me safe and well; what keeps me active, engaged, and stimulated)*

**What doesn't work for me?** *(What makes for a bad day; what do I find unpleasant or distressing; what do I prefer to avoid)*

**What does good care and support look like for me?** *(Identify the 'best fit' in terms of the care and support I need to minimise the impact of Precipitating Factors; consider any previous traumatic events, so that the support provided is trauma-sensitive)*

## Precipitating Factors/Triggers/Background Factors

*(Internal and external factors which trigger or accelerate my risk or crisis behaviour)*

**My Precipitating Factors/Triggers** *(My flash points, triggers, and common conflicts that cause my behaviour to escalate)*

## Secondary Preventive Interventions

*(What helps me to manage my triggers; what decelerates and de-escalates my risk or crisis behaviour)*

**Anxiety Level**  
*(My known observable behaviours)*

**Supportive Approaches**  
*(My calming and support strategies)*

**Defensive Level**  
*(My known observable behaviours)*

**Directive Approaches**  
*(My calming and support strategies)*

## Risk or Crisis Behaviour

*(Crisis behaviour which is likely to cause harm to self or other)*

### Risk Behaviour Level

*My risk behaviours are:*

*The level of risk to myself and/or others is:*

*My preferred strategies to minimise harm are:*

.

*Any necessary restrictive interventions staff may need to use include:*

*To minimise trauma and distress when using restrictive interventions, staff should:*

## Post-Crisis Support

*(My preferred way of managing my emotions after a crisis event)*

### Tension Reduction

*After a crisis event, I prefer to:*

### Therapeutic Rapport

*Support from staff should include:*

**Appendix 2**

**Record of Incident Requiring Restrictive Physical Intervention**

Name of Pupil:

Person Recording the Intervention:

Date of Incident:  Time of Incident: (am/pm)

Log Book Number:  Page in Log Book:

Location of Incident:

**Staff Members Involved:**

**Active/Passive**

**Designation**

	Act <input type="checkbox"/>	Pass <input type="checkbox"/>	T <input type="checkbox"/>	LSP <input type="checkbox"/>	ST <input type="checkbox"/>	HT <input type="checkbox"/>
<input type="text"/>	Act <input type="checkbox"/>	Pass <input type="checkbox"/>	T <input type="checkbox"/>	LSP <input type="checkbox"/>	ST <input type="checkbox"/>	HT <input type="checkbox"/>
<input type="text"/>	Act <input type="checkbox"/>	Pass <input type="checkbox"/>	T <input type="checkbox"/>	LSP <input type="checkbox"/>	ST <input type="checkbox"/>	HT <input type="checkbox"/>
<input type="text"/>	Act <input type="checkbox"/>	Pass <input type="checkbox"/>	T <input type="checkbox"/>	LSP <input type="checkbox"/>	ST <input type="checkbox"/>	HT <input type="checkbox"/>
<input type="text"/>	Act <input type="checkbox"/>	Pass <input type="checkbox"/>	T <input type="checkbox"/>	LSP <input type="checkbox"/>	ST <input type="checkbox"/>	HT <input type="checkbox"/>
<input type="text"/>	Act <input type="checkbox"/>	Pass <input type="checkbox"/>	T <input type="checkbox"/>	LSP <input type="checkbox"/>	ST <input type="checkbox"/>	HT <input type="checkbox"/>
<input type="text"/>	Act <input type="checkbox"/>	Pass <input type="checkbox"/>	T <input type="checkbox"/>	LSP <input type="checkbox"/>	ST <input type="checkbox"/>	HT <input type="checkbox"/>
<input type="text"/>	Act <input type="checkbox"/>	Pass <input type="checkbox"/>	T <input type="checkbox"/>	LSP <input type="checkbox"/>	ST <input type="checkbox"/>	HT <input type="checkbox"/>

Other Witnesses to Intervention:

De-escalation Techniques used:

Verbal Support  Space Given  Reassurance  Redirection

Calm Talking  Time Out  Planned Ignoring  Distraction

Other:

Response to De-escalation: Positive  Negative

**Reasons for Intervention:**

Immediate /potential danger to child:  Immediate/potential danger to others

Serious damage to property:  Other (please state):

What happened prior to intervention:

**Techniques used in Intervention:**


**Position:** Standing  Sitting  Ground

Is the intervention an agreed strategy linked to the Behaviour Management Plan? Yes  No

**Details of Incident:**

Duration of Incident: Hours  Minutes

Duration of Intervention: Hours  Minutes

**Medical Intervention:** (please indicate all appropriate areas):

Breathing monitored: Yes <input type="checkbox"/> No <input type="checkbox"/>	Circulation monitored: Yes <input type="checkbox"/> No <input type="checkbox"/>
Injuries to pupil: Yes <input type="checkbox"/> No <input type="checkbox"/>	Injuries to staff: Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, what?	If so, what?
Accident form completed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Violence to employees form completed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Seen by: F/Aider <input type="checkbox"/> GP <input type="checkbox"/>	Seen by: F/Aider <input type="checkbox"/>
School Nurse <input type="checkbox"/> Casualty <input type="checkbox"/>	Casualty <input type="checkbox"/> GP <input type="checkbox"/>