



# Physical Intervention Policy

**2015**

# Policy and Procedure on Physical Intervention

Schools have a “duty of care” to their pupils. This may involve all staff having to handle pupils to prevent them harming themselves, others or damaging property

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## Introduction.

This policy has been prepared for the support of all teaching and support staff who come into contact with pupils and for volunteers working within the school  
The policy is intended to explain the school’s arrangements for physical intervention. Its contents are available to parents and pupils.

The policy has been developed in response to the recommendations of Circular 10/98 “The Use of Force to Control or Restrain Pupils”, issued following the enactment of Section 550A of the 1996 Education Act.

It also follows the DfES Guidance on the Use of Restrictive Physical Interventions for Staff working with Children and Adults who display Extreme Behaviours in Association with Learning Disability and/or Autistic Spectrum Disorders 2002 and Trafford LEA’s policy on the use of Physical Interventions with Children and Young People.

The policy should be read in conjunction with other school policies relating to interaction between adults and pupils and in particular the Behaviour Policy and Safeguarding and Child Protection Policy.

The policy was first prepared after consultation with staff and non teaching staff in autumn 2006 and reviewed and amended by the Governing Body on 8<sup>th</sup> March 2010. The

responsible person for the implementation of the policy is the Headteacher. The policy will be reviewed tri-annually by the Head teacher and the Governing Body.

## Values and underpinning principles of the policy

### Purpose of Policy.

In line with our ***Equal Opportunities and Inclusion Policies*** and our ***Disability Equality Scheme*** we are committed to providing a teaching environment conducive to children reaching their full potential. Each child is valued, respected and challenged regardless of race, gender, religion, social background, culture or disability.

The school believes that good personal and professional relationships between staff and pupils are vital to ensure good order in school. It is recognised that the majority of pupils in our school respond positively to the discipline and control practised by staff. This ensures the safety and well being of all pupils and staff in school. It is also acknowledged that in exceptional circumstances, staff may need to take action in situations where the use of reasonable force may be required.

Every effort will be made to ensure that all staff in this school:

- (i) clearly understand this policy and their responsibilities in the context of their duty of care in taking appropriate measures where reasonable force is necessary and
- (ii) are provided with appropriate training to deal with these difficult situations (Team Teach training)

Individual members of staff cannot be required to use restrictive physical intervention without training. Following training they are required to do so to ensure the safety of pupils and others, including themselves. In exceptional and temporary circumstances some staff may have a valid medical reason not to undertake certain forms of physical intervention. The Headteacher / SMT must be informed of this incapacity and should try to make reasonable adjustments to the member of staff's duties in order to ensure that the risk of having to use Physical Intervention is minimised.

Such intervention must be in the paramount interests of the child and/ or used to prevent behaviour that is prejudicial to maintaining good order and discipline in the school. Restrictive physical intervention should be a last resort when all de-escalation techniques have failed.

The application of any form of physical control places staff in a vulnerable situation. It can only be justified according to the circumstances described in this policy. Staff, therefore, have a responsibility to follow the policy and to seek alternative strategies wherever possible in order to prevent the need for physical intervention.

**Physical Intervention will only be used as a last resort** when all other behaviour management strategies have failed or when pupils, staff, good order or property are at risk.

### Definitions.

#### a) Physical Contact

Situations in which proper physical contact occurs between staff and pupils, e.g., in games or P.E;

Where appropriate, younger pupils who are distressed or ill can be comforted or sat on an adult's knee, (KS1), normally/preferably in the presence of a second adult.

Under no circumstances should a child be 'tapped' on the head or other part of the body by hand or with an implement, either to attract their attention or bring them back 'on task'.

#### **b) Physical Intervention**

This may be used to divert a pupil from a destructive or disruptive action, for example guiding or leading a pupil by the hand, arm or shoulder with little or no force.

#### **c) Restrictive Physical Intervention**

This will involve the use of physical intervention/reasonable force when there is an immediate risk to pupils, staff or risk of significant damage to property. All such incidents will be recorded in a bound book which will be kept in the main school office. A Record of Restraint/Physical Intervention Form will also be completed. A copy of this is to be placed in the pupils' file and in the Health and Safety File. A copy must also be sent to John Lomas, LEA Adviser at Trafford School Improvement Service, 3<sup>rd</sup> Floor, Arndale House, Chester Road, Stretford M32 9BH, Tel: 0161 911 8674.

### **Underpinning Principles.**

Everyone attending or working in this school has a right to:

- recognition of their unique identity;
- be treated with respect and dignity;
- learn and work in a safe environment;
- be protected from harm, violence, assault and acts of verbal abuse.

Pupils attending this school and their parents have a right to;

- individual consideration of pupil needs by staff who have a responsibility for their care and protection;
- expect staff to undertake their duties and responsibilities in accordance with the school's policies;
- be informed about school rules, relevant policies and the expected conduct of all pupils and staff working in school;
- be informed about the school's complaints procedure.

The school will do all they can to ensure that pupils understand the need for and respond to clearly defined limits which govern behaviour in the school.

Parents have committed themselves through the Home-School Agreement to ensure the good behaviour of their child and that he/she understands and follows the school's Behaviour Policy.

### **Staff authorised to use Restrictive Physical Intervention.**

By reason of their conditions of service, the Headteacher can authorise all teachers, teaching assistants and midday staff who have received the relevant Team Teach training to use restrictive physical intervention. All Classroom Assistants may also be authorised to use restrictive physical intervention. Authorisation is not given to volunteers or parents.

The Headteacher is responsible for making clear to whom such authorisation has been given, in what circumstances and settings they may use force and for what duration of

time this authorisation will last. The Headteacher will ensure that those authorised are aware of and understand, what the authorisation entails.

Those whom the Headteacher has not authorised will be told what steps to take in case of an incident where physical intervention is needed, for example to contact an authorised member of staff. Children who display challenging behaviour and who may need de-escalation/restraining techniques will have an individual risk assessment which will outline strategies to use to support challenging behaviour. All staff involved with these children will be given a copy of this risk assessment.

Supply staff will not be authorised to use physical intervention as defined in 3(c) unless they are familiar with this school's policy, have undertaken training and have been authorised to do so by the Headteacher.

The following staff are authorised by the head and governors to use restrictive physical intervention;

- i. Teaching Staff
- ii. Non-Teaching Staff
- iii. Lunch Time Organiser
- iv. S.S.S. Assistants
- v. NOT VOLUNTEERS

#### **Staff from the Authority and other Allied Services working within the school.**

Educational support services and Health Service staff working in schools will have their own policies regarding physical intervention. Such staff will, whilst on the school premises, be expected to be aware of and operate within the policy of this school. No outside professional involved in the school staff will be expected or authorised to use restrictive physical intervention unless they have completed the relevant training and their names appear within Section 5 of this policy.

The school will ensure that all visiting professionals have access to this and other relevant school policies. Visitors have a responsibility to read these and act accordingly.

#### **Training.**

Training for all staff will be made available and will be the responsibility of the Headteacher. No member of staff will be expected to undertake the use restrictive physical intervention without appropriate training. Arrangements will be made clear as part of the induction of staff and training will be provided as part of on-going staff development. The LEA supports authorised training in physical intervention from "Team-Teach" and "SCIP UK". There will be an annual reminder for staff when they revisit the 'Child Protection Policy' each autumn. Training also forms part of the induction for new staff.

All staff, including supply staff, will be made aware of this policy. All staff will be provided with training in managing behaviour, including how to diffuse potentially difficult situations and how to avoid confrontation without prejudicing good discipline.

Where risk assessment indicates a need for regular restrictive physical intervention a Physical Intervention Plan for an individual pupil is necessary. Staffs who are usually involved or available to be involved with the pupil will receive P.I. training in line with the advice above. These staff will be named on the Physical Intervention Plan drawn up as the result of the risk assessment.

## Preventative and pro-active strategies to deal with challenging behaviour

### Strategies for dealing with challenging behaviour.

Staff working with pupils experiencing a range of emotional and behavioural difficulties, severe learning difficulties and those pupils on the autistic spectrum, are aware that these difficulties may mean that in some instances pupils will not be in control of their behaviour.

The school's S.E.N. Coordinator will ensure that all staff are aware of the needs of individuals who are at risk of exhibiting poor behaviour and strategies to avoid or deal with this.

Those pupils can be helped to develop self-control through the use of appropriate behavioural programmes and by staff consistently using positive strategies to encourage acceptable behaviour and good order. All staff should be aware of these programmes and the strategies to be used as determined by risk assessments. Good communication between staff is essential particularly at breaks/ lunchtimes where less structured situations can allow behavioural issues to surface.

Staff working as a team will create:-

- *a calm, secure atmosphere throughout school and use consistent approaches*
- *opportunities for pupils to earn praise/rewards. It is important to praise good behaviour as often as possible especially from a student who often misbehaves. It is especially important to notice and reward behaviour that matches the targets of any individual behaviour plans developed for pupils.*
- *opportunities to identify problem behaviour or triggers in order to avoid creating further difficulties i.e. by anticipating behaviour before it occurs*
- *awareness of pupil behaviour so that attention seeking behaviour is seen but ignored where it is safe to do so*
- *opportunities for discussion with the pupil where discussion can take place in order to set targets designed to deal with the difficult or attention seeking behaviour. One behaviour at a time can be moderated through this process alongside support in situations which he/she is likely to find difficult*
- *opportunities for explanation of the actions/sanctions to the pupil.*
- *as few organisational changes as possible such as the timetable to minimise the potential for pupils to become unsettled*
- *potential for staff to be rotated to lessen strain on staff – some members of staff may be able to deal with behaviours that others find upsetting*
- *opportunities for regular contact with parents/carers to share plans and spread the strategies over a 24-hour period. Parents/ carers must be involved in a behaviour programme which has indicated that restraint may be needed and informed if the physical intervention of their child has taken place.*
- *Liaise with outside agencies for support and involvement in the programme to ensure that joined up approaches are in place*

Every effort will be made to resolve conflicts positively and without harm to pupils or staff, property, buildings or the environment. Where unacceptable behaviour threatens good order and discipline and requires intervention, some or all of the following approaches should be taken according to the circumstances of the incident:

- *verbal acknowledgement of unacceptable behaviour with a direction to the pupil to refrain.*
- *further verbal reprimand stating:*

- *that this is the second request for compliance;*
- *an explanation of why observed behaviour is unacceptable;*
- *an explanation of what will happen if the unacceptable behaviour continues*
- *warning of intention to intervene physically and that this will cease when the pupil complies. If possible summon assistance*
- *physical intervention. Reasonable force using the minimum degree of force necessary to prevent a child harming him or herself, others or property.*

In a situation where physical intervention takes place using the techniques shown through Team Teach training the following should be noted:

***“Team Teach techniques seek to avoid injury to the service user, 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 service user remains safe “***

### **Escalating Situations.**

The 1996 Education Act (Section 550A) stipulates that reasonable force may be used to prevent a pupil from doing, or continuing to do any of the following:

- engaging in any behaviour prejudicial to maintaining good order and discipline at the school or among any of its pupils, whether the behaviour occurs in a classroom during a teaching session or elsewhere (this includes authorised out-of-school activities);
- self-injury or placing him or her self at risk;
- injuring others
- causing significant damage to property, including that belonging to the pupil.
- committing a criminal offence (even if the pupil is below the age of criminal responsibility).

### **Types of Incidents where physical intervention may be required**

The incidents described in Circular 10/98 and DfES 2002 fall into three broad categories:

- (a) where action is necessary in self-defence or because there is an imminent risk of injury;
- (b) where there is a developing risk of injury, or significant damage to property;
- (c) where a pupil is behaving in a way that is compromising good order or discipline;

Examples of situations which fall into one of the first two categories are:

- a pupil attacks a member of staff or another pupil;
- pupils are fighting;
- a pupil is engaged in, or is on the verge of committing, deliberate damage or vandalism to property;
- a pupil is causing, or is at risk of causing, injury or damage by accident, by rough play, or by mis-use of dangerous materials or objects;
- a pupil is running in a corridor or on a stairway in a way which he or she might cause an accident or injury to himself, herself or to others;
- a pupil absconds from a class or tries to leave school (NB. this will only apply if a pupil could be at risk if not kept in the classroom or at school).

Examples of situations which fall into the third category are:

- a pupil persistently refuses to obey an instruction to leave a classroom;
- a pupil is behaving in a way that is seriously disrupting a lesson.

## **Pupils who harm themselves**

Pupils who regularly seek to harm themselves should have P.I. plans. As with other P.I. plans, this should make clear to carers and staff exactly what steps will be taken to prevent or minimise what aspects of self-harming behaviour. This may include, with the consent of parents and pupils where applicable, restraint or the use of equipment such as arm splints to prevent such harm. Staff regularly dealing with such pupils should be trained in P.I. Behaviour of this kind is sometimes a feature of pupils with ASD/ PMLD/ SLD and those pupils with significant emotional and mental health issues. Staff must be aware of triggers to such behaviour and situations where equipment provided as part of the curriculum may be used by pupils to harm themselves or others. Staff should also be alert to things brought in by pupils from outside school (especially sharp objects) that may also be used to harm. These should be removed from pupils or if this proves difficult or hazardous, the police called to assist. Where there is suspicion of a harmful article in a pupil's possession and pupils refuse to co-operate, the police should be called upon to assist.

## **Pupils who harm members of staff**

A few pupils seek to scratch or bite members of staff. Where this is predictable staff should ideally be trained. Such training teaches staff to avoid (as far as is possible) putting themselves in a situation where they can be harmed. Staff who are harmed must report and record incidents appropriately. Injections against tetanus and hepatitis B must be kept up to date. Staff must have access to protective gloves and aprons where blood or bodily fluids are involved

## **Sanctions and rewards as an alternative to physical intervention**

A system of positive rewards and incentives has been developed in the school to encourage appropriate behaviour. Examples of these are:

- Praise and encouragement
- Awarding of points/raffle tickets/praise postcards sent to the home
- Choice of activities
- Star charts
- Appropriate edible rewards
- Certificates
- Privileges
- Report Card
- Weekly levels process

Further sanctions may be necessary. The following may be utilised;

- Loss of points
- Loss of choice of activities.
- Expectance that the pupil will clear up a mess, repair damage where possible and take responsibility for their actions
- Detention
- Detention after school
- Change to weekly level process
- Catch Up work at the end of the week
- Home Visit
- Lunchtime exclusions
- Exclusion

## **Acceptable measures of physical intervention**

The use of any degree of force can only be deemed reasonable if:

- (a) it is warranted by the particular circumstances of the incident;
- (b) it is delivered in accordance with the seriousness of the incident and the consequences which it is intended to prevent;
- (c) it is carried out as the minimum to achieve the desired result;
- (d) the age, level of understanding and gender of the pupil are taken into account;
- (e) it is likely to achieve the desired result;

Wherever possible assistance will be sought from another member of staff before intervening.

**Physical intervention uses the minimum degree of force necessary for the shortest period of time to prevent a pupil harming himself, herself, others or property**

Physical Intervention will stop if the child has;

- difficulty in breathing
- vomits
- has a fit or seizure
- experiences swelling or change of hue of skin.

Any such measures will be most effective in the context of the overall ethos of the school, the way in which staff exercise their responsibilities and the behaviour management strategies used.

Wherever physical intervention is used staff will keep talking to the pupil in a reassuring and positive manner unless risk assessment has indicated that this is likely to inflame the situation

Children will not be routinely taken to the ground. In circumstances where pupils take staff to the ground every attempt will be made to hold them in a seated position and not either prone or supine

Unplanned Physical Intervention will trigger a risk assessment that may lead to a Physical Intervention Plan/ Positive Handling Plan being developed (see 13. below)

### **Length of individual restraint**

- Personnel involved in a lengthy Team Teach restraint should be changed to ensure the issue is not (simply) with the member of staff involved.
- A restraint lasting 20 minutes or more should trigger the involvement of the police
- Staff are vulnerable if involved in over-lengthy restraint

### **Frequency of individual restraint**

- Details of risk assessed frequency should be in pupils P.I plan
- Frequent P.I is deemed to be 2/3 times each week
- There needs to be a significant reduction in the frequency of restraint over a short period of time (2/3 weeks).
- If frequent of P.I is required over a longer period of time (5/6 weeks) CAMHS should be involved as a matter of urgency.
- If there is no reduction in frequency then exclusion may be a consideration (staff pupil safety).

## **Pupils for whom frequent and prolonged P.I is required**

Where such a pupil is known to be considered for admission to a school, a P.I plan must be in place and agreed with parents and carers before admission.

Advanced TT techniques may be required for such a pupil and should be discussed with the LA Team Teach consultant. Such training for key staff should also be in place before admittance.

## **Planned Physical Intervention and Risk Assessment**

- *Planned physical intervention will arise from risk assessments that the school will carry out on all/ some pupils. Other school may decide that only a few pupils fall into this category.*
- *Such assessments will be written. (schools should develop or adopt a pro-forma for risk assessment. An example from the LEA policy is attached). Risk Assessments should be signed by school, parents/ guardians and (where appropriate) pupil.*
- *Planned physical intervention will be agreed in advance (school, parents, other agencies, child)*
- *Implemented only by named staff*
- *Must be a written and signed plan. Those who sign the plan should be those normally present at an Annual Review in the case of Statemented pupils and by parents/ guardian and child in other cases.*
- *Recorded as per. unplanned intervention*
- *Be part of a holistic care/ individual plan*
- *Shortest time/ minimum force*

## **Unacceptable measures of physical intervention**

The school is aware of acceptable and unacceptable measures of physical intervention as outlined in DoH/ DfES "Guidance on the use of Restrictive Physical Interventions for Staff working with Children and Adults who Display Extreme Behaviour in Association with Learning Disability and/ or Autistic Spectrum Disorders" (July 2002)

- Locking a child in a room. Seclusion of a child (forcing them to spend time alone against their wishes) in this way requires statutory powers other than in an emergency. Seclusion is different from "Time Out" which is restricting positive reinforcement as part of a planned behaviour programme and requires an agreed written plan. Often time out to an agreed safe place within the building is nominated by and agreed with the child in advance. Withdrawal is removing a pupil from a situation but they are observed and supported until they are ready to resume normal activities. With "Time Out" and "Withdrawal" the pupil may be alone in an unlocked room with a member of staff continually observing the child or staff being present in the room along with the child. Such provision will be part of an agreed plan.
- Physical punishment including slapping, pushing and rough handling
- Deprivation food/ drink/ medical /sleep
- Making a pupil wear distinctive clothing
- Restriction to breathing/ circulation (see below)
- Pressure on joints
- Use of a mechanical or therapeutic device unless agreed as part of a physical intervention plan.

## **Physical Interventions – Positional Asphyxia**

Deaths in 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 intercostals 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 with '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 breath. 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 restrain 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.

## **Recording.**

The school would keep a record of the incident in the pupil's file and in the Health and Safety file under risk assessments.

**In addition**, specific details of the use of planned or unplanned physical intervention will be recorded on a Record of Physical Intervention Bound Book. An Incident Form Involving Planned and Unplanned Restrictive Physical Intervention will also be completed this document will include:

- how the incident developed;
- attempts made to calm the situation
- names of staff or pupils who witnessed the incident;
- the outcome of the incident including any injuries sustained, by any pupil or member of staff;
- any damage to property which had resulted;
- whether/how parents have been informed;
- (where possible) pupils view of the incident and whether they wish to make a complaint.
- and, after investigation, a summary of actions taken.

Staff may find it helpful to seek advice from a senior colleague when compiling a report.

After the review of the incident, copies of the form will be placed on the pupil's file. A copy will also be sent to the LEA (John Lomas)

A Health and Safety Accident/Incident Form (HS1) will be completed and returned to the Authority when an injury has occurred during Physical Intervention.

The school will review such records at least every half term to ensure that:

- Records are being appropriately kept
- That patterns of behaviour in individual pupils or at particular times of the day/ certain lessons are being identified and problems addressed
- That training issues arising from the above are being identified and addressed.

### **Action after an incident.**

See also Section 19

The Headteacher and the Health and Safety Representative will ensure that each incident falling into category 3c is reviewed and investigated further as required.

In the case of planned intervention a meeting will be held if the school judges this to be necessary. In the case of unplanned intervention a meeting will always be held and will involve parents/ guardians, pupil and other relevant professionals.

Meetings of this type will be arranged within 5 working days of the physical intervention incident

If further action is required in relation to a member of staff or pupil, this will be pursued through the appropriate procedure

- Child Protection Procedure (this may involve investigations by other agencies such as Social Services).
- Staff or Pupil Disciplinary Procedure
- School Behaviour Policy
- Exclusions Procedure

The member of staff will be kept informed of any action taken.

In the case of action concerning a member of staff, he/she will be advised to seek advice from his/her professional association/union.

Where staff have been involved in an incident involving physical intervention they should have access to counselling and support. Within the school, this will be made available through the Headteacher.

### **The Post Incident Support Structure for Pupils and Staff**

Following a serious incident it is the policy of this school to offer support for all involved. People take time to recover from a serious incident. Until the incident has subsided the only priority is to reduce risk and calm the situation down. Staff should avoid saying or doing anything which could inflame the situation during the recovery phase. Immediate action should be taken to ensure medical help is sought if there are any injuries which require more than basic first aid. All injuries should be reported and recorded using the school systems. It is important to note that injury in itself is not evidence of malpractice. Even when staff attempt to do everything right things can go wrong. Part of the post incident support for staff may involve a reminder of this, as people tend to blame themselves when things go wrong. Time needs to be found to repair relationships. When careful steps are taken to repair relationships a serious incident does not necessarily result in long term damage. This is an opportunity for learning for all concerned. Time needs to be given to following up incidents so that pupils have an opportunity to express their feelings, suggest alternative courses of action for the future and appreciate other people's perspective. When time and effort are put into a post incident support structure the outcome of a serious incident can be learning, growth and strengthened relationships."

### **Complaints.**

The availability of a clear policy about reasonable force and early involvement of parents should reduce the likelihood of complaints but may not eliminate them.

Any complaints received by the Headteacher from parents, staff or any other persons regarding alleged ill treatment of pupils or injuries received by a student during the course of physical intervention must be investigated fully by the Headteacher using the complaints procedure laid down by Trafford LEA.

The Chair of Governors will be informed of complaints.

### **Monitoring of Incidents**

Whenever a member of staff has occasion to use physical intervention, this will always be recorded and documented in the school's Health and Safety File under Risk Assessment. Monitoring of incidents will help to ensure that staff are following the correct procedures and will alert the Headteacher, Governors and Link Adviser to the needs of any pupil whose behaviour can only be contained by the use of Physical Intervention.

### **Support**

The school is committed to providing regular professional development on behaviour strategies/management for all staff in order to maintain the ethos of the school, its values and the boundaries of acceptable behaviour.

Staff who have been involved in difficult incidents will be offered the full support of the Headteacher and SMT in talking through the incident. In this follow up work senior

managers and staff will look for “lessons to be learnt” and alter procedures or develop training as the result of these insights.

Children who have been subject to physical intervention will be given the opportunity to discuss the incident with a member of staff at the first reasonable opportunity following the incident. Such discussions will offer pupils and school fresh opportunities to work together and to renew relationships that may be strained by the incident. Pupils will be informed of ways in which their behaviour could change in order to prevent a repetition of the incident.

Pupils who have witnessed an incident of Physical Intervention and who are distressed will be counselled by an appropriate member of staff.

The LEA does not at present provide any form of Helpline or Counselling for staff or pupils who have experienced traumatic Physical Intervention or other incidents. John Lomas may be able to recommend outside providers who may be able to respond quickly to such needs.

### **Checklist**

Risk Assessment

Training

Record of Physical Intervention (Planned and Unplanned) Form

Copy to pupil's file

log of physical intervention

LEA (John Lomas)

Health and Safety Record form (HS1) where injury has resulted. Risk Assessment Forms.

Follow-up to incident

Monitoring of all incidents

Governor Consultation

Parental Consultation through the newsletter.

