

Academic Year 2024-25

Physical Intervention Policy: Positive Handling



This policy must be read in conjunction with:

- Positive Behaviour Policy
- Safeguarding and Child Protection Policy
- Inclusion Policy
- [Behaviour in schools: Advice for Headteachers and school staff \(DFE\)](#) (February 2024)
- [Physical Intervention Toolkit for Schools \(SCC\)](#) March 2024
- [Use of reasonable force \(DFE\)](#) July 2013
- [Guidance for Restrictive Physical Interventions" \(DoH\)](#) (2002)
- [Positive and Proactive care: reducing the need for restrictive interventions \(DoH\)](#) 2014
- [Reducing the need for restraint and restrictive intervention \(HM Gov\)](#) 2019

This policy sets out Moorlands Primary School Physical Intervention policy and procedures.

Signed by Head Teacher:

Signed by Chair of Governors:

Approved: September 2024

Review Period: Annual

Next Review Date: September 2025



Physical Intervention Policy

The policy should be read in conjunction with other school policies and guidance relating to interaction between adults and pupils such as the Inclusion Policy, Safeguarding and Child Protection Policies and Behaviour Policy.

Our school values

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

- ✓ be treated with respect and dignity;
- ✓ learn, work or visit in a safe environment;
- ✓ be protected from harm, violence, assault and acts of verbal abuse.

Pupils and parents attending this school have a right to:

- ✓ individual consideration of pupil needs by the staff who have 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;
- ✓ expect any additional provision or reasonable adjustments (e.g. ISPs or EHCPs) to be designed to achieve outcomes that reflect the best interests of the child whose behaviour is of immediate concern and others affected by the behaviour requiring intervention

Rationale

At Moorlands Primary School we use a holistic approach to meet the needs of every pupil, so that they can access the school curriculum and recognise the wide range of backgrounds and experiences our children have.

For example:

- Some of our pupils have EHCPs for learning difficulties
- Some have a medical diagnosis of ADHD and Autism, or other condition that may impact on their behaviour
- Some pupils are unable to control their behaviour or have learned behaviours that can be perceived to be threatening, aggressive, intimidating or violent.
- Some pupils are unable to recognise situations that may cause a threat to themselves or others.
- Some pupils may have been abused, neglected or experienced trauma. This can be manifested in extreme fear and anxiety.
- Some pupils have failed to develop appropriate adult-child or peer – peer relationships and require extra support to meet their developmental and emotional needs.
- Some pupils struggle to self-regulate and require higher levels of emotional support

Moorlands Primary School recognises that appropriate touch is an important developmental stage for all pupils and that some may not have experienced positive early bonding with parents / carers.

The school also recognises the importance of developing social and emotional literacy skills, which are taught in a variety of ways through our curriculum as well as interventions, whole school approaches, class, group and 1:1 support where appropriate.

Some pupils will require physical intervention to prevent them from causing harm or danger to others and/or themselves. All physical interventions within Securicare multi-discipline approach endeavours to keep people safe whilst supporting the learning of pupils in developing better ways to manage their own emotions and behaviour.

Through our PSHE curriculum pupils learn about feelings and managing conflict, where this is appropriate to their level of development. The ethos further promotes independence, choice and inclusion; pupils are given maximum opportunity for personal growth and emotional wellbeing.

Planning to avoid Physical Intervention

At Moorlands Primary School, we are proactive and plan to avoid Physical Intervention wherever possible. Physical intervention and restraint should be a last resort to support pupils in times of crisis.

We constantly strive to create a calm environment that minimises the risk of incidents arising that might require the use of force. Pupils who have issues relating to sensory dysfunction or other conditions that may result in increased anxiety levels, and therefore an increase in the likelihood of challenging behaviour, may have individualised support or programmes to help them to manage this.

Principles

All staff are trained in skills to help them to defuse situations before behaviour becomes challenging and know how to de-escalate incidents should they arise. De-escalation training takes place at least annually through in-house training and use of Securicare de-escalation materials. Reasonable force will only be used when the risks involved in doing so, are outweighed by the risks involved in not using force and are deemed to be **Reasonable, Proportionate and Necessary**. Physical restraint should be avoided wherever possible.

Prevention of unsafe behaviour will be enabled through:

- The deployment of appropriate staffing numbers;
- The deployment of appropriately trained and competent staff;
- Avoiding situations and triggers known to provoke challenging behaviour;
- Creating opportunities for choice and achievement;
- Developing staff expertise through a programme of Continuous Professional Development;
- Exploring pupils' preferences relating to the way/s in which they are managed
- Staff employ 'diffusion' techniques to avert escalation of behaviour into violence or aggression
- Teaching children recognise that we all have a responsibility for our own actions.

This is achieved through:

- Our Positive Behaviour Policy, which promotes positive behaviour management strategies and outlines how a Behaviour Response Plan might be used with specific children.
- A Behaviour Response Plan details how we arrange support in the areas of:
 - ✓ risk assessment
 - ✓ early intervention
 - ✓ preventative measures
 - ✓ proactive measures
 - ✓ planned support
- Multi-agency support for children with challenging behaviour, such as SAOS, CAMHS, PHIG or the Educational Psychology Service to ensure that pupil's needs are addressed and advice is considered and implemented where necessary.



- Dynamic and ongoing risk assessment by staff involved, to seek opportunities to communicate and assess the situation and attempt to deescalate, and divert pupils as appropriate. Any identified risks should be recorded where ever possible and feature as part of a pupil's Behaviour Response and/or positive handling plan

What is reasonable force?

The following categories would be considered legitimate situations in which to consider physical intervention as a response:

- self – injuring
- causing injury to others
- committing a criminal offence
- 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 within school (this includes authorised out-of-school activities).

Physical intervention should only be chosen as an option when the following judgements have been made:

- Alternative calming and defusing strategies have failed to de-escalate the situation
- This response is in the paramount interest of the young person
- Not intervening is likely to result in more dangerous consequences than intervening

Schools can use reasonable force to:

- remove disruptive children from the classroom where they have refused to follow an instruction to do so;
- 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;
- prevent a pupil from attacking a member of staff or another pupil, or to stop a fight in the playground; and
- Restrain a pupil at risk of harming themselves through physical outbursts.

Schools cannot:

- Use force as a punishment – it is always unlawful to use force as a punishment.

Who can use 'reasonable force'?

- All members of school staff have a legal power to use 'reasonable force'.
- This power applies to any member of staff at the school. It can also apply to people whom the Head Teacher has temporarily put in charge of pupils such as unpaid volunteers or parents accompanying students on a school organised visit.
- At Moorlands Primary, staff should seek to use passive physical contact, such as standing between pupils or blocking their path if it is safe to do so. Offering a hand to hold so that a child can then be guided to a safer place to calm down is also an option. Should a child resist this, then help should be summoned.



As teaching and non-teaching staff work 'in loco parentis' and have a 'Duty of Care' towards their pupils, they could be liable for a claim of negligence if they fail to follow the guidance within this policy. The use of **Securicare** is one of our control methods for reducing risks presented by children's challenging behaviour.

The application of any form of physical control inevitably carries an attached risk of unintended harm and this places staff and the school at risk of potential litigation. It can only be justified according to the circumstances described in this policy. Staff, therefore, have a responsibility to follow this policy and to seek alternative strategies wherever possible in order to prevent the need for physical intervention.

Procedures and Guidelines in case of Physical Intervention

Physical intervention is any method to resolve a difficult or dangerous situation. Physical intervention does not necessarily include physical restraint which is defined as when a member of staff uses force with the intention of restricting a young person's movement against their will.

Before intervening physically we, wherever practicable, utilise a range of de-escalation strategies. Staff should continue attempting to communicate with the pupil throughout the incident, and should make it clear that physical intervention will stop as soon as it ceases to be necessary. A calm and measured approach to a situation is needed and we should **never** give the impression that they have lost their temper, or are acting out of anger or frustration, or to punish the pupil.

Any physical intervention will be REASONABLE, PROPORTIONATE AND NECESSARY.

Physical restraint must:

- ✓ Be a last resort
- ✓ Involve the minimum amount of time and force necessary, only until the immediate threat has passed
- ✓ Be used to de-escalate a potentially dangerous situation
- ✓ Support the pupil to maintain control
- ✓ Not to be used offensively or as a threat or punishment
- ✓ Not inflict pain
- ✓ Be administered by staff who are calm and rational; not in response to anger or frustration
- ✓ Be a professional judgment about the safety of the child or others
- ✓ Not be a substitute for positive behaviour management
- ✓ Be planned, and emergency response is only justified on the first occasion
- ✓ Be **Reasonable, proportionate and necessary**

Young people should always be monitored for health and safety during physical restraint and positional asphyxia.

Holds should stop immediately if the following signs are noted:

- ✗ difficulties in breathing
- ✗ sudden change in colour of skin
- ✗ vomiting



Holding techniques should take account of the following:

- ✓ Airway – no obstruction of airway
- ✓ Breathing – no restriction of chest area
- ✓ Circulation – no pressure on arterial pressure points
- ✓ Good body alignment
- ✓ Avoid pressure on joints

Only staff that have been trained to use specific physical intervention techniques (eg. Securicare) should be authorised to use these on young people.

Recording Incidents

We make a detailed, contemporaneous, written report of anywhere physical intervention is used. It may help prevent any misunderstanding or misrepresentation of the incident.

When a young person has been restrained it should be reported to the Head teacher and the parents/carers. In Southampton, incidents should be recorded using the Restrictive Physical Intervention (RPI) Record Form (appendix 1) within 24 hours of the incident, in order to:

- ✓ ensure policy guidelines are followed
- ✓ inform parents
- ✓ inform future planning as part of school requirement processes
- ✓ prevent misunderstanding or misinterpretation of the incident
- ✓ provide a record for any future enquiry

We inform parents formally and seek their cooperation e.g. by drawing up individual behaviour response or positive handling plans.

Securicare techniques seek to avoid injury; however it is possible that bruising or scratching may occur accidentally to either pupil or member of staff supporting them. These are not necessarily as a failure of professional techniques, but a regrettable and infrequent side effect of attempts to keep people safe. There will always be a verbal check of injury after physical intervention and any injury will be treated and recorded on a skin map, on appropriate incident form. HS1 and/ or HS2, these will be sent to the LA.

Teachers have a duty of care to maintain good order and safeguarding children's health and safety. They are not however, under a duty to run risk of serious personal injury by intervention when it is not safe to do so.

However, **everyone** has the right to use **reasonable force** to **prevent an attack against themselves or others**, whether they are formally authorised or not.

Staff must be aware that they are responsible for:

- ✓ assessing risks (dynamic risk assessment) related to individual circumstances which may arise in the course of their day-to-day duties and
- ✓ making judgements about when the use of force is necessary and the degree of force which may be regarded as necessary to manage a situation.
- ✓ Staff need to be aware that they are required to justify their decisions in writing through the recording and reporting procedures outlined later in this document



Time out & Supervised Withdrawal

On occasion, pupils will be supported to calm and take time out in a 'safe place' (At Moorlands this could be in a breakout room/ calming room). Under no circumstances will a pupil be left alone without a member of staff being in the immediate vicinity or observing using supervised withdrawal.

The legal position in the use of Time out (often referred to as Break Out Rooms) for the purpose of calming pupils is held in "Guidance for Restrictive Physical Interventions" Department of Health (2002) and the DfE document Behaviour and discipline in schools: Advice for Head teachers and school staff (2024).

Procedures for Supervised withdrawal (SW)

- Supervised withdrawal can only be used after all de-escalation strategies have been used and a further intervention is needed
- In line with the pupil's state of anxiety, the pupils can be supported to a place of supervised withdrawal (a room/space where the pupil can move around)
- The pupil can be left to calm, with a staff member in the vicinity and observing constantly.
- Visual or verbal calming strategies and timers should be shown to the child so there is a clear ending to the withdrawal period (child dependent).
- The supervised withdrawal and the escort to supervised withdrawal are recorded and the time/reason for that the supervised withdrawal. (If a physical intervention is used to move the pupils safely e.g. escort for transition, this is recorded on an RPI form and parents informed, as per usual procedure)
- Each incident of supervised withdrawal will be logged on a supervised withdrawal log, located with the Senior Leadership Team (SLT) with the RPI log
- Supervised withdrawal is detailed on the pupil's Behaviour Response Plan and Positive Handling Plan, which is sent home to parents for info
- There may be exceptional situations in which it is necessary to physically prevent a pupil from leaving a room in order to protect the safety of pupils and staff from immediate risk, but this would be a safety measure and not a disciplinary sanction (DfE Feb 2024 pg. 22-25)
- Staff supervising areas for supervised withdrawal are suitably trained in both the school's positive behaviour policy and possess the skills necessary to manage pupils with a variety of challenging behaviours to support them with reintegration into the mainstream community.

Power to search pupils without consent

In addition to the general power to use 'reasonable force' described above, Head Teachers and authorised staff can use such force as is reasonable given the circumstances to conduct a search for the following "prohibited items":

- knives and weapons
- alcohol
- illegal drugs
- stolen items
- tobacco and cigarette papers
- fireworks
- pornographic images
- Any article that has been or is likely to be used to commit an offence, cause personal injury or damage to property.

Force cannot be used to search for items banned under the school rules.



What about other physical contact with pupils?

It is not illegal to touch a pupil. There are occasions when physical contact, other than reasonable force, with a pupil is proper and necessary. Examples of where touching a pupil might be proper or necessary:

- Holding the hand of the child at the front/back of the line when going to assembly or when walking together around the school;
- When comforting a distressed pupil;
- When a pupil is being congratulated or praised;
- To demonstrate how to use a musical instrument;
- To demonstrate exercises or techniques during PE lessons or sports coaching; and
- To give first aid, medical or intimate care support

Monitoring and Evaluation

Moorlands School will monitor their own records, and complete report to governors termly. The school will review this Policy annually.



MOORLANDS PRIMARY SCHOOL
RESTRICTIVE PHYSICAL INTERVENTION (RPI) RECORD 2023-24



1	RPI Number		CPOMS log number	
2	Pupil Details			
	Forename:		Class:	
	Surname:		Year Group:	
	Age/DOB :		Child Looked After (Y/N):	
3	Incident Details/RPI			
	Date:		Location:	
	Lesson:		Duration of whole incident	
4	ANTECEDANT / TRIGGER (including stressors leading to hyper arousal and distress):			
5	DE-ESCALATION TECHNIQUES TRIED (Do they relate to the PHP?):			
6	BEHAVIOUR DISPLAYED (including the harm predicted to be prevented by the RPI):			

7 Medical check and injuries			
Medical check carried out by (initials)		Injuries to pupil (Yes/ No):	
		Injuries to staff (Yes/ No):	
Brief description of any injuries to pupil or staff member: (See HS2/medical log for further details)			
8 Specific details of the RPI including sequence of techniques, time and staff involved			
Time	Duration	Technique	Staff name
Observer(s):			
If other intervention or physical barrier used (e.g. mat) please describe (including supervised withdrawal).			
Was the intervention successful? Were there any difficulties?			
9 Why the RPI was deemed absolutely necessary			
Risk of injury to staff / student			
Other students liable to injury			
Property about to be damaged/being damaged			
Good order compromised			
Student trying to abscond			
Significant disruption to others education or well-being of others			
10 Information shared (Please initial)			
Parents / carers (by whom and how)			
Social worker		Medical staff (who)	
Police		Local Authority	
Chair of Governors		Other:	
11 Supporting records completed			
Incident log (CPOMS)		Racial incident form	
Accident form (HS1)		CP Form (Body Map)	
Violent incident form (HS2)		RIDDOR report	



12	Why do you think this action was in the BEST INTERESTS of the pupil/s? (REASONABLE, PROPORTIONATE AND NECESSARY)		
13	What has been learnt from the intervention and what, if anything, will be changed?		
14	Do you feel you require further training or support (Please detail what you think would be helpful)?		
16	RPI reported to (tick)		
Head		DHT/AHT	
Signed: (staff member reporting/completing form) Designation/Post held:			
I confirm that I have read this form. Signed (Head teacher):			

This is a restricted form. Please seek permission from the Head of the establishment before sharing the information contained in the form.





POSITIVE HANDLING PLAN			
Pupil		D.O.B	Class
Staff completing plan		Date of completion	Review Date
<p>Positive physical intervention will be used as an option of last resort when staff perceive that they have no alternative course of action. The following behaviours are those where the use of positive physical intervention could be considered, after a range of other de-escalation options (See Individual Behaviour Plan) have been tried, or have been considered and have been thought to be unsafe:</p>			
<p>Positive physical intervention will not be used as a response to the following behaviours:</p>			
<p>The following positive physical interventions have been agreed for use in appropriate circumstances within the context of Team Teach practice. Minimal appropriate force applied for the shortest possible period of time will always be the first option:</p>			
<p style="color: red; text-align: center;">In all instances of physical restraint, there must be a minimum of 2 Securicare trained staff present. Only appropriately, trained staff may carry out physical restraint (ie Senior Leaders and Cocoon staff only).</p>			
<p>Emergency use of positive physical intervention may be required when a pupil behaves in a way that has not been foreseen by the Individual Behaviour Plan. Ideally the use of positive physical interventions in this situation will be agreed by two members of staff</p>			
<p>Any contra indications to use of positive physical intervention:</p>			
Signed SLT:		Signed Parent/Carer	
Date		Date	



POSITIONAL ASPHYXIA

Positional asphyxia occurs when the position of the human body interferes with respiration, resulting in asphyxiation. Definition: ASPHYXIATION - the state or process of being deprived of oxygen, which can result in unconsciousness or death; suffocation. "The cause of death was asphyxiation".

This has been the cause of death in many areas of service where physical interventions are employed both in this country and abroad. When an individual is placed in a position that prevents or impairs their breathing and they cannot escape that position, then death can occur very rapidly.

Circumstances in which this can occur are when:

- A person is laid face down (prone position) on their stomach and pressure is applied to their back
- A person in "doubled" forward in the seated position restricting the movement of the diaphragm
- Pressure is applied to the neck, head or torso during restraint
- A person is mechanically restrained (belts, straps or handcuffs) and held or left unattended
- A person is confined in a position that restricts breathing and that they cannot escape from.

The risk is heightened if:

- The person is intoxicated with alcohol, medication or drugs
- The person has previously exerted themselves through violent activity (such as struggling or fighting)
- The person is suffering from respiratory problems or fatigue
- The person is overweight or overheated.

Watch out for the warning signs:

- Gurgling/gasping sounds
- Breathing that is distressed
- Verbal complaints or difficulty speaking
- An increased effort to struggle or distress/anxiety
- A violent and loud person suddenly changes to a passive, quiet and tranquil one
- Pale/Grey/Blue skin colouring to the lips, nail-beds or earlobes, then the face and other parts of the body
- Do not assume that just because an individual is snoring that he/she is sleeping.

Reduce the risk by:

- Avoid putting direct pressure on the back, chest or stomach area of a person during restraint
- Once a person has been restrained, get the person into a seated, kneeling or standing position as soon as possible
- Reduce the level of restraint as soon as possible
- Consider alternative strategies to prolonged or regular physical interventions, e.g. environmental or medical interventions
- Where possible avoid floor restraint. Releasing the person and re-engaging with them in the kneeling or standing positions are less hazardous
- Transport people in a seated position; never face down on their stomach
- Monitor the condition/life signs of the person continually
- Get medical assistance immediately if you have any concerns about the condition of the person.

Post Incident Report Procedures

Anyone involved in an incident should collect information that may be of value should complaints or litigation follow - post incident reporting is vital.