Policy and Guidelines for Use of Physical Intervention in School and Care Settings

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Children & Young People’s Service
Policy and Guidelines for the Use of Physical Intervention in School and Care Settings

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Acknowledgements
Foreword

The purpose of this document is to provide support and guidance for all staff in the management of challenging situations, in schools, pupil referral units or social care settings. The following documents have been taken into account in the production of this document:

- The Health and Safety at Work Act 1974
- Guidance on the Use of Restrictive Physical Intervention for Pupils with Severe Behavioural Difficulties (LEA/0264/2003)
- Education Act 1996, Section 550A
- Local Authority and Social Services Act 1970, Section 7
- 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 (EA/0242/2002)
- Education and Inspections Act 2006, Section 93
- How to Provide Safe Services for People with Learning Disabilities and Autistic Spectrum Disorder (July 2002 – Department of Health)
- The Use of Force to Control or Restrain Pupils (DCSF 11/07)
- The Use of Force To Control or Restrain Pupils (DCSF 2010)
- Care Standards Act (National Minimum Standards for Children’s Homes) 2000
- LAC (93) 13 Guidance on permissible forms of control in Children’s residential care 1993
- Children’s Act 1989
- Children’s Act 2004 (ECM)

This policy applies to all educational and residential settings which is taken to include the following: schools, residential care homes, residential short break settings, children centres, NCC play schemes, NCC youth provisions, any NCC early years settings........

It is essential for schools, residential and other settings to produce their own policy which relates to their own circumstances. Though such a document should be consistent with this policy, policies need not be lengthy and reference can be, and should be, made to this policy or Circular 11/07 as appropriate. A model school / service / setting policy is included as an appendix.

Whilst this policy cannot cover every situation that may occur, it is hoped that the guidance offered will create a supportive framework within which all employees feel secure in the actions they may have to take. It should be noted that the Local Authority will fully support staff who can demonstrate that they have understood and complied with the relevant management procedures contained herein.
This up-dated guidance was developed by, Mick Bird - County Manager BACIN, David Lloyd - Principal Gateway School; David Preece – Team Manager Social Care Services for Children with Autism; David Appleton – Assistant Team Manager; Gary Jackson Learning and Development Adviser.
SECTION 1: Introduction

Context

1.1 The policy and advice set out in this document provide a framework of principle within which staff judgements should be made and specific incidents addressed. These guidelines are designed to:

- Provide, together with the DCSF / DH / BILD joint guidance, a framework within which schools / settings can develop their own policies;
- Promote a coherent, consistent and co-ordinated approach across different schools / settings and, where appropriate, with other agencies;
- Form a basis for monitoring the implementation of policies within the Directorate;
- Provide advice to schools / settings on how to monitor and evaluate their own use of restrictive physical interventions (positive handling) so that practice is improved both locally and across the Local Authority.

The document has been written with the aim of being consistent with other Local Authority documents and complies with:

- DCSF Non Statutory Guidance 11/07: The Use of Force to Control or Restrain Pupils”;
- Education and Inspections Act 2006, Section 93
- SAFEGUARDING CHILDREN - The second joint Chief Inspectors’ Report on Arrangements to Safeguard Children 2005
- DfES letter dated 24 April 2001 to Chief Education Officers in England “Positive Handling strategies for pupils with severe behavioural difficulties”

The intention is to ensure that all schools and other settings should provide a safe working environment for young people, staff and visitors.
1.2 Staff need to be aware that as part of their employment obligations, they owe a duty of care to their children in order to maintain an acceptable level of safety. The conduct of young people can on occasions require physical intervention. Written guidelines cannot anticipate every situation: the sound judgement of staff at all times therefore remains crucial. It is, however, the intention that the clear guidance in this document should offer both young people and staff a level of protection.

Circular 11/07 replaces and supersedes DfES Circular 10/98. It provides clarity of purpose and process, including:

- A strong emphasis on staff training in de-escalation strategies alongside physical intervention skills;
- The importance of robust documentation that underpins practice such as positive handling plans;
- Identifying specific areas to cover in policy construction and the recording and reporting of incidents;
- All staff authorised and unauthorised need to understand their powers / responsibilities and the options open to them;
- The guidance acknowledges the potential for injury to both pupils and staff involved in physical intervention responses;
- Schools / settings should have a policy on the use of reasonable force to control or restrain pupils approved formally by the governing body and made known to staff, pupils and parents / carers;
- The situation regarding the head teacher’s capacity to empower teaching and non-teaching staff to apply physical restraint in appropriate circumstances. Headteachers and governors should make their position on this issue explicit in their school policies and ensure parents / carers have access to these policies.
- That no school / setting should have a policy of ‘no physical contact’;
- Although the guidance acknowledges that reasonable force may be used in exercising the statutory power introduced under Section 45 of the Violent Crime Reduction Act 2006 to search pupils without their consent for weapons, there is a clear emphasis that advises schools / settings NOT to search a pupil where resistance is expected, but rather call the police.

1.3 Key Information

A member of staff who has used an appropriate physical intervention will is likely? to have a reasonable defence to any legal action against them, if:

- the purpose of the physical intervention was to avert an immediate danger of injury to any person, or an immediate danger to the property of any person (“person” includes the
pupil), or to prevent the committing of a criminal offence, or where a young person’s conduct leads to behaviour that prejudices good order and discipline.

AND

- No more force was used than was reasonably necessary in the circumstances.

1.4 Provided that they follow these guidelines, staff should therefore not hesitate to act in an emergency. Indeed, teaching staff and Care staff within Residential Establishments have a legal obligation to safeguard the welfare of children in their care. Clause PT.XII – Conditions of employment of teachers’ 76.7 Discipline, Health & Safety “Maintaining good order and discipline among pupils and safeguarding their health and safety both when they are authorised to be on the school premises and when they are engaged in authorised school activities elsewhere”; together with the Children’s Act 2004 – Safeguarding responsibilities.

1.5 You will be deemed to have acted reasonably and will therefore receive management and Local Authority support if you follow these guidelines;

WORKING PRINCIPLES

- Where physical intervention is a likelihood, a positive handling plan should be devised. An example of a planning pro-forma is attached as Appendix 2 (Behaviour Management Plan) and/or a Child in Care risk assessment within the Care plan

- Physical intervention should be a last resort and only undertaken when all other means of gaining order have failed

- Staff should not place themselves at risk of being the subject of a false allegation. To minimise risk avoid being alone with any child / young person if possible

- Schools / settings which adopt these county guidelines should set them in the context of other policies; these being whole school / setting positive behaviour management, safeguarding, health and safety, and disciplinary policies/ procedures, pupil well-being and personal development

- Schools and Care settings should carry out an individual risk assessment on children / young people who are more likely to require physical restraint and for staff who manage children / young people with challenging behaviour. Risk assessment should be carried out in accordance with Local Authority policy. Examples of good practice are included in appendices
• Physical intervention must never be part of the rewards and sanctions system of any setting.

• All staff should seek to promote an atmosphere of calm consistency and order so that children / young people and staff feel secure.

• All staff are expected to have an awareness of the needs of different cultures represented within their organisation and client group, and to respond appropriately.

• When the safe environment of the school / Care setting is challenged by the violent or dangerous behaviour of a child / young person, staff need to achieve a prompt and safe resolution of the situation as a minimum goal.

• The professional practice of staff in such situations needs to be clearly understood by all staff, children / young people and their parents / carers. Such practice should be consistent and considered and all actions taken must be fully recorded in a standard format which is readily accessible to staff and managers (see appendix XXX).

• Every school / Care setting should have a sufficient number of formally trained and experienced staff who have access to a Lead member of staff. These staff will have received appropriate training and will be able to offer further advice and support and arrange appropriate training for colleagues.

• ‘Risk Assessment’ and general health and safety guidance is available from the Health and Safety Team (01604 237666) and on the internet.

The Lead member of staff in each school / Care setting should acquaint all staff on the contents of this policy.

If order has broken down with an individual or a group and all reasonable efforts to diffuse the situation have failed (including, where appropriate, contacting parents / carers as part of agreed risk assessment and individual behaviour management plans), schools / settings are advised to contact the police for assistance.
SECTION 2: Physical Contact with Children

2.1 It is unnecessary and unrealistic to suggest that staff should only come into physical contact with children / young people in emergencies. Younger children / young people particularly may need reassurance and comfort in certain situations. Staff must bear in mind however that even perfectly innocent actions can be misconstrued.

2.2 Regaining control is not the only circumstance when there may be physical contact between staff and children / young people. It is intended that these guidelines should deter inappropriate physical contact between care-providing adults and children / young people. Staff should respond to children / young people in a way that gives expression to appropriate levels of care, and to provide comfort to ease a child / young person’s distress.

However, it is recognised that staff need to ensure that any physical contact is not open to misinterpretation by a child / young person or parent / carer. It is recommended that parents / carers are made aware of all policies relating to behaviour management.

The following guiding principles are suggested:

- The level and type of physical contact should reflect the educational and social needs of the child / young person; eg physical contact is likely to occur in some PE and drama activities as well as for children / young people who require a personal assistance programme; *

- Specific consideration should be given to the needs of children / young people in schools and especially Residential settings who may have suffered abuse and / or neglect. Physical contact should not respond or lead to expectations or anxieties of any form. This information should be borne in mind when planning programmes to be implemented. This applies especially to children / young people who require a personal assistance programme; *

- In responding to a child / young person who indicates a need for physical contact / comfort, due consideration should be given to these guidelines;

- There should be no general expectations of privacy for the physical expression of affection or comfort in any circumstances. Staff must not be alone with a child / young person in such a situation. If in the unlikely situation you are alone with the child then every safeguarding aspect should be adhered to ensuring risk is reduced for both parties, i.e. ensuring doors are left open and other staff made aware of the situation.
2.3 Children / young people may be successfully re-engaged in their activities by an hand on the shoulder or by leading or guiding them back to their seat or activity. Similarly a child / young person may be distracted from destructive behaviour. Again, some children / young people engaged in an argument or a fight, which in itself is not likely to cause serious harm but is nonetheless disruptive and detrimental to the well-being of other children / young people, may be successfully diverted by using positive behaviour management techniques.

2.4 If physical intervention is unavoidable, it is important that the degree of force used is appropriate to the situation. It is appropriate to use physical prompts and guidance when positive verbal prompting has been unsuccessful.

2.5 However, it needs to be restated that physical intervention is a last resort. Staff should be mindful of the fact that close physical proximity to children / young people who are in a highly agitated state can make matters worse and increase the level of risk (see 3.8, 3.9).

* A Personal Assistance Programme may be in place for a child / young person with a physical / learning disability or medical need as well as a Risk assessment for Children in Care.
SECTION 3: GUIDELINES FOR GOOD PRACTICE

A framework for physical restraint of children / young people now follows.

Context

For Schools

3.1 Section 93 of the Education and Inspections Act 2006 and DCSF Guidance 11/07 Section 10 enables school staff to use such force as is reasonable in the circumstances to prevent a pupil from doing, or continuing to do, any of the following:

- Committing a criminal offence (or for a pupil under the age of criminal responsibility, what would be an offence for an older pupil);
- Causing personal injury to or damage to property of any person (including the pupil himself); or
- Prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at school, whether during a teaching session or otherwise.

The staff to which this power applies are also defined in Section 95 of the Act as:

- Any teacher who works at the school and;
- Any person whom the Headteacher has authorised to have control or charge of pupils. This:
  a. includes support staff whose job normally includes supervising pupils such as teaching assistants, learning support assistants, learning mentors and lunchtime supervisors;
  b. can also include people to whom the head has given temporary authorisation to have control or charge of pupils such as paid members of staff whose job does not normally involve supervising pupils (e.g. catering or premises-related staff) and unpaid volunteers (e.g. parents accompanying pupils on school organised visits);
  c. does not include prefects.

For Residential Settings

NATIONAL MINIMUM CARE STANDARDS FOR CHILDREN'S HOMES
STANDARD 22 (2000)

(Relevant aspects relating to Children’s Homes not covered elsewhere in this document.) Sections:

22.1 Staff should respond positively to acceptable behaviour, and where the behaviour of children is regarded as unacceptable by
staff, it is responded to by constructive, acceptable and known disciplinary measures approved by the registered person.

22.4 The consequences of unacceptable behaviour are clear to staff and children and any measures applied are relevant to the incident, reasonable and carried out as contemporaneously as possible.

22.5 Sanctions and physical restraint are not excessive or unreasonable.

22.6 Physical restraint is only used to prevent likely injury to the child concerned or to others, or likely serious damage to property. Restraint is not used as a punishment, as a means to enforce compliance with instructions, or in response to challenging behaviour which does not give rise to reasonable expectation of injury to someone or serious damage to property.

If an individual staff member does not feel able to intervene due to their circumstances, level of competence or ill-health, they should seek assistance immediately (Each school / setting should devise their own system by which assistance can be called).

3.2 Key Information

In using physical restraint, the level and duration of the restraint will always be the minimum necessary to restore safety.

Knowledge of the child / young person is a key factor in the judgements that will be made.

SAFE HANDLING PRINCIPLES

3.3 The principles of safe handling are based on twin assumptions:

- A situation is about to exist in which people or property will be in serious danger of assault, injury or damage;

- All efforts to avoid the need for physical intervention have been taken. The physical restraint of a child / young person must be considered as a last resort except where the danger is imminent, for example where a child is about to walk onto a busy road.
3.4 It is not the purpose of these guidelines to explain particular handling techniques. However, effective behaviour management, de-escalation and positive handling techniques can be addressed through training. Those methods adopted by a school or setting must:

- Form part of a clearly agreed and understood policy approved by the LSCB and by the British Institute of Learning Disabilities (BILD)
- Accord with the criteria set out in Methods (below).

**Reasonable force is not defined in Circular 11/07 however relevant considerations are:**

- **To be judged lawful the force used would need to be in proportion to the consequences it is intended to prevent**
- **The degree of force used should be the minimum needed to achieve the desired result**
- **Use of force could not be justified to prevent trivial misbehaviour. However, deciding whether misbehaviour is trivial also depends on circumstances**
- **It is always unlawful to use force as a punishment**

**RISK EVALUATION**

3.5 In order that the positive handling of a child / young person should calm the situation, and not lead to greater injury or an escalation of violence, if the circumstances allow the following factors need to be taken into account in evaluating the risks involved and in determining the techniques to be employed in any particular situation:

- The age, and relative physiques and known medical conditions of both the staff member and the child / young person;
- The genders of staff and child / young person;
- The knowledge of the child/Young Person’s care plan and risk assessment
- The presence of at least a second adult available to assist, supervise and become involved in intervention;
- The presence of an additional adult to act as an advocate for the child / young person and to advise and support the staff members to ensure the highest standards of care are maintained.
- The scope to secure the presence of a second (or further adults);
- Spectacles, hearing aids, jewellery and clothing being worn by the child / young person and the staff member;
• The capacity of all staff members to act calmly and systematically;
• The location of the incident and the potential for the physical intervention to be carried out safely;
• Knowledge of the child / young person’s previous experience of restraint and their predicted reactions, including any previous incidents with the staff on duty;
• The presence of any weapons;
• The known or suspected use of drugs.

3.6 Staff working in situations where there is a reasonable likelihood that they may well have to employ techniques of physical restraint should consider whether their clothing, jewellery and hairstyle add to the risk of injury to themselves or others.

3.7 Key Information

| Any physical intervention involves a degree of risk: the assessment of the level of risk is a calculation that must be made before deciding to intervene. Think clearly and carefully before acting. |

METHODS

3.8 Any physical intervention employed must involve the minimum force necessary for the minimum amount of time and must meet the following criteria:

• Handling must not involve deliberately or inadvertently striking the child / young person;
• Handling must not involve ‘punitive’ acts; ie deliberately inflicting pain on the child / young person (for example, cannot involve pain compliance, joint locks or finger holds);
• Handling must not restrict the child / young person’s breathing (for example, must not involve throat or neck holds or pressing the child / young person’s face into soft furnishings);
• An adult must avoid touching the genital area, the buttocks or the breasts of the child / young person;
• Handling must avoid the adult putting weight upon the child / young person’s spine or abdominal area.

3.9 During any incident of restraint an adult must seek as far as possible:
• Seek to lower the child / young person’s level of anger or distress during the restraint by continually offering verbal reassurance (if appropriate) and avoid generating fear of injury in the child / young person;

• Cause the minimum level of restriction of movement of limbs consistent with the danger of injury (eg will not restrict the movement of the child / young person’s legs when they are on the ground unless flailing legs are likely to injure or be injured);

• Take account of the danger of accidental injury during the restraint by using a method appropriate for the environment in which it is taking place;

• Ensure that in situations where a group of staff is involved, work together as a team, with one member taking the lead; avoid personal risk;

• Not employ another child / young person in assisting with the restraint;

• Try to avoid moving the child / young person during the restraint. Experience has shown that this can prove problematic and is only justifiable in situations when remaining in the original location would be more physically dangerous. Wherever possible staff are advised to remove the audience during such an incident;

• Taking children / young people to the floor has elevated risks to staff and children / young people and should only be considered as part of a previously agreed Individual Behaviour Management Plan/Care Plan.

RECORDING EVENTS AND REPORTING ACTIONS

3.10 Governing bodies / schools / residential settings must establish arrangements to ensure that all significant incidents of restraint are logged by the member(s) of staff involved as soon as possible after the event. This should take the form of a special ‘log book’ or file which has numbered and bound pages. Team-Teach have published a log book and this is available through TeamTeach training. The information should also be included in the child / young person’s file.

Good practice already in place in many schools / Residential settings indicates having a standard format for recording any incident; not just the physical restraint of a child / young person.

The governing body/residential setting must ensure that a procedure is in place and is followed by staff for recording and reporting to parents significant incidents where a member of staff has used force on a pupil/young person.
3.11 The entry in such a book must be made by the member(s) of staff concerned who should sign and date it. The report should be based around the DCSF “The use of force to control or restrain pupils” 2010 guidance and should include:

- Name of child / young person
- Day / date / time
- Name of person completing the form (printed and signed)
- Names of all involved
- Where and when the staff involved were trained and authorised
- Location
- Activity
- What led to the incident?
- Steps taken to avoid the incident
- What exactly happened – a brief factual account
- Was the behaviour – deliberate / reckless / racial / health and safety risk?
- Was the child / young person warned before any physical intervention?
- Was any holding – mild / firm / restrictive?
- Named techniques used
- Were the techniques effective?
- Length of contact in minutes
- Details of any injuries to the child / young person / staff
- Details the contacts made afterwards (including parents / carers)
- Detail how the incident was resolved
- What could be done differently next time?
- Detail the debrief with the staff involved and parents / carers where applicable
- Who was the incident reported to, Parents, Care Standards (Ofsted), Social Worker, Safeguarding Unit?
- Detail how the Individual Behaviour Management Plan/Care Plan risk assessment has been implemented or reviewed as a result of the incident?
- Review date

The incident book should be readily available for inspection by officers of the Local Authority and / or the governing body.

A suggested format suitable for use in recording incidents is set out in Appendix 1.

3.11a The governing body must ensure that a procedure is in place, and is followed by staff, for recording and reporting to parents, significant incidents where a
member of staff has used force on a pupil. The record must be made as soon as practicable after the incident.

3.11b If it is likely that reporting an incident to a parent will result in significant harm to the pupil, then the incident should be reported to the local authority – for instance the Social Services Department or the Family or Children Services Department. The school’s procedure for Recording and Reporting incidents should make clear who is responsible for deciding whether an incident is significant or not. The Headteacher will normally be part of any such process. The procedure should also set out the timescale within which the report should be made, bearing in mind that the duty is to make the report as soon as is practicable. The person who makes the report to the parent need not be the person who compiled the report.

3.12 It is an expectation that some children / young people with special educational needs may need more frequent physical intervention. In those cases a Behaviour Intervention Plan or Individual Behaviour Management Plan (often part of an Individual Education Plan or an Individual Safety Plan) would have been agreed with parents / carers. Therefore, in such cases it would be impracticable to complete a separate record for every incident and schools may need to consider a different recording system, depending on circumstances. Residential establishments would need to refer to the Care Plan and relevant risk assessment management plan.

Where injuries occur, the Local Authority guidelines for health and safety must be followed. If a child / young person is injured parents / carers must be informed at the earliest opportunity and accident report forms must be completed (use HSW5 accident report form), this may also require contacting Ofsted for residential establishments.
Recording & Reporting Summary

<table>
<thead>
<tr>
<th>Level or severity of incident</th>
<th>Level of reporting required</th>
<th>Copy of Incident Log sent to Senior Safeguarding Manager - Safeguarding Children Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1)</strong> Incident dealt with using/following existing IBP, IBMP, Care Plan or Individual Safety Plan and was resolved without distress to child/young person and member(s) of staff</td>
<td>No (note frequency &amp; duration in IBP, IBMP, CP ISP)</td>
<td>No</td>
</tr>
<tr>
<td><strong>2)</strong> The governing body/residential setting must ensure that a procedure is in place and is followed by staff for recording and reporting to parents significant incidents where a member of staff has used force on a pupil/young person.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3)</strong> Incident required action in addition to existing IBP, IBMP or Care Plan but was resolved without distress to child or young person.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Incident was not planned for and action undertaken led to:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a) no apparent injury or distress to child/young person and member(s) of staff</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4b) no apparent injuries but need to identify and analyse trends and patterns</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4c) significant level of force during restraint was required or duration of restraint exceeded 15 minutes which may need to be justified</td>
<td>Yes</td>
<td>Yes (if judgement is finely balanced)</td>
</tr>
<tr>
<td>4d) injury or distress to child and/or member(s) of staff</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4e) other agencies being involved e.g. police, ambulance</td>
<td>Yes</td>
<td>Yes – If residential setting - [OfSted regulation 30(1) schedule 5 notification]</td>
</tr>
<tr>
<td>5.) Incident led to Ground or Prone holds being used</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

All incidents 4c, 4d, 4e, & 5 above must be reported to the Senior Safeguarding Manager. Please inform..... This information will be reviewed along with all other statistical returns and may form the basis for further Local Authority support.
Witness Statements

Immediately after the incident has been resolved, the Headteacher/ head of centre/Residential Centre Manager/senior member of staff should be verbally appraised of the situation.

3.13 Except in the circumstances set out in 3.15, where the incident is of a serious nature and it is likely that further action might follow, statements may need to be taken from witnesses. This should be carried out by a senior member of staff as soon as possible after the incident who did not have any direct involvement with the incident.

3.14 When taking a witness statement from another child/young person, the following points should be considered:

- Avoiding the risk of collusion;
- Having a quiet place in which to record the statement;
- The language skills of a child/young person witness, an advocate may be required to assist the young person and should always be considered.

3.15 If after the initial reporting of the incident the Headteacher/ head of centre/Residential Manager or senior member of staff consider that the school/Care setting’s guidelines for the use of physical restraint have not been followed, or it is felt that a criminal offence may have occurred, the incident itself should not be pursued further but referred for action in accordance with child protection procedures set out in the.

In the case of Residential Establishments the relevant Placements Manager should be immediately informed, this would also include Out of Authority Placements where the placing officer would need to be informed.

Further guidance in these circumstances should be sought immediately from the the appropriate Personnel Department and the Head of Service – Local Safeguarding for Children, Schools and Families.

Management Considerations

3.16 All incidents involving the physical intervention with a child/young person must be reported to a senior member of staff and the Headteacher/ head of centre/Residential Manager as soon as possible and they should receive a report as soon as practicable thereafter (see also 3.13).

At an appropriate time, the child/young person and staff involved should have an opportunity to discuss the matter with a relevant
member of the senior staff. Services may want to consider the use of an advocate for the child, if appropriate. In all settings, follow-up actions need to be appropriate to the age and abilities of the child / young person. In principle the Headteacher / head of centre/Residential Manager should discuss details of the event with the child / young person, whose view of the incident should be reported as soon as possible after it has occurred. Each Parent / carer must always be informed of what has happened to the child / young person and offered an opportunity to discuss this with the Headteacher / head of centre/residential manager or senior member of staff (see 4.3).

An incident involving the use of physical intervention should be an unusual occurrence in a school /Residential setting. Careful thought needs to be given to debriefing for those adults and children / young people who witness the event.

3.17 Consideration should also be given to the possible effects that intervening with a child / young person has on a member of staff. Apart from suffering physical injury staff may need time to recover in a quiet place with support from a colleague.

Members of staff should be advised to contact their Professional Association or Trade Union before making a formal statement.
SECTION 4: Roles & Responsibilities

ALL STAFF NEED TO KNOW THE SCHOOL / RESIDENTIAL CENTRE AND OTHER SETTING POLICY ON THE USE OF PHYSICAL INTERVENTION

4.1 Communication

It is very important that every school / Residential and other setting, regardless of size or context, establishes a clear and consistent route through which any incident involving physical intervention is recorded and communicated, and to whom.

4.2 Informing Parents and Carers

It is the duty of the school / Residential Establishment and setting to inform parents / carers about a physical intervention with their child / young person as soon as practical after the incident.

Individual schools / settings must decide how this should be done and by whom and record this process as part of the policy.

Schools / settings should communicate a copy of their policy on physical intervention to Parents / Carers.

Residential Establishments should ensure that such information is contained within their 'prospectus' welcome pack and explained to Young People and Parents when initially being introduced to the establishment.

4.3 Induction and Monitoring

On joining the school / Residential Establishments and other settings, all new staff should have an explanation of the policy on physical intervention included in their induction programme.

Whilst on duty, agency / peripatetic / sessional / supply staff will be subject to the same departmental policies as contracted staff

Consideration should also be given to how these staff are informed of the physical intervention policy of the relevant setting. It would be advisable that training is delivered as part of the formal in-service programme.

In the event of an allegation involving supply teachers Children, Schools and Families Personnel should be informed immediately
The school /Residential and other setting’s recording system should be used to monitor the use of physical intervention in order to check that all staff apply the school / setting’s policy in a consistent manner.

4.4 Professional support

Staff are free to discuss their actions with a professional colleague if they so wish and should seek further advice from a Professional Association or Trade Union. Initially, the discussion / debriefing should be with a senior member of staff.

4.5 Regular monitoring should be taken by a senior manager in every establishment where physical intervention is used. The purpose of this monitoring is to identify patterns in terms of children; staff; times; and places. This is to assist in proactive planning in order to take every precaution to avoid such incidents.

4.6 Review

It is strongly recommended that schools /Residential Establishment and other settings review their policy on physical intervention with the whole staff, six months after its introduction and thereafter on an annual basis.

All staff should be asked to contribute to reviews and should be fully informed of the outcome.

Schools / Residential Establishments along with other settings are strongly advised to retain evidence of this review cycle for OfSTED and Local Authority monitoring.

4.7 Supply agencies / external care agencies in Northamptonshire will be sent copies of this policy and there is an expectation that their staff will be informed.

SECTION 5: Child Protection

INTRODUCTION
Procedures set out in the NCC Child Protection Procedures require Headteachers (or chairs of governors) and managers within Residential Establishments to consult with the Safeguarding team following the receipt of an allegation that a member of staff may have abused a child. This does not necessarily mean that a child protection investigation will take place.

The following guidance is intended to assist Headteachers, governing bodies and managers in making decisions as to whether the reported action or behaviour should be dealt with in accordance with the child protection procedures.

**Context**

It is not intended that this guidance should deter routine physical contact between staff and children / young people. Physical contact may be necessary on occasions to intervene with or protect a child / young person. Staff should feel able to provide appropriate comfort to ease a child / young person’s distress, although in such situations consideration should always be given to the wisdom of being alone with the child / young person (see Appendix 3).

Physical contact should not be in response to, or be intended to arouse sexual expectations or feelings.

The age, gender, culture and particular needs of the child / young person should also be considered in deciding proper physical contact.

In touching a child / young person the member of staff should always be aware of the possibility of invading the child / young person’s privacy and should respect the child / young person’s wishes and feelings.

**Guidance**

**Physical Injury**

The following actions set out in (a), (b) and (c) below will be considered as unacceptable professional conduct. They could also include a potential criminal offence and may need to be investigated through child protection procedures. However, it is expected that in deciding whether to consult with the Safeguarding Unit the head teacher / manager would take account of the circumstances surrounding the incident. In the first instance the Headteacher / manager must seek advice from NCC Safeguarding Children team who will be able to assist in determining the appropriate course of action. If the Headteacher / manager decides not to consult he / she will need to consider what other action may need to be taken (eg disciplinary action, informal warning) and record this accordingly.

a) A member of staff slaps, punches, pinches or hits a child / young person
b) A member of staff hits a child / young person with an object or implement

c) A member of staff deliberately pushes a child / young person

**Allegation against a Headteacher or Manager**

When it is suspected that a Headteacher or manager has failed to follow the Local Authority guidelines for the use of physical restraint, Children, Schools and Families Personnel should be contacted. Advice will be given as to whether it will be necessary to initiate child protection procedures.
SECTION 6: DEALING WITH COMPLAINTS

6.1 Any complaint arising from the use of physical intervention must be fully considered in light of existing routes of investigation; ie:

a) Statutory routes which must include child protection (Social Care);

b) Other routes including disciplinary procedures (Personnel);

c) BeeLine, Advocacy, Childline etc.

6.2 Once routes outlined in 6.1 above are exhausted or not applicable, the matter should be dealt with in accordance with the school / setting’s normal complaints procedure.

Child protection procedures are set out at: and advice should be sought from the locality area teams.
SECTION 7: TRAINING

7.1 The level of training in the use of physical intervention will vary from school to school / setting to setting depending on the particular establishment and patterns of child / young person behaviour. It is essential that sufficient staff receive appropriate training in all settings where risk assessment indicates physical intervention needs to take place. In Social Care settings all staff will be trained in a recognised BILD accredited method of physical intervention. The use of physical intervention will vary, depending on the particular setting and patterns of client behaviour. All staff should be fully conversant with the school / Residential Establishment and other setting’s guidelines for the use of physical intervention and should share good practice in an open manner. Staff should also be shown how to record details of any incident involving physical intervention.

7.2 Northamptonshire County Council will continue to provide training in behaviour management. In addition, the Local Authority now has a team of trainers who are licensed to provide appropriate training in recognised, BILD accredited method of physical intervention. Headteachers and managers may wish to access other forms of positive handling training; it is advised to ensure that any form of physical intervention (positive handling) training has been fully accredited by the British Institute of Learning Disabilities (BILD).

7.3 Schools / Residential Establishment and other settings must keep an up to date record of all training.

7.4 Public Liability Insurance

The public liability / employers liability policy indemnifies all employees against claims from third parties or fellow employees. As long as staff are working within the scope of their duties and in the course of their employment, they will not be held personally responsible for any action of negligence. Northamptonshire County Council will take over the defence of any action.

Therefore, those members of staff who are trained to train others in positive handling strategies are deemed to be qualified by a nationally accredited organisation are indemnified in the event of any claim being made against them.
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 NCC Residential Services Manager.

Appendix 5: Incident record forms

<table>
<thead>
<tr>
<th>Details of pupil on whom force was used – name, class, and any SEN, disability or other vulnerability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date, time and location of incident</td>
</tr>
<tr>
<td>Names of staff involved (directly or as witnesses)</td>
</tr>
<tr>
<td>Details of other pupils involved (directly or as witnesses), including whether any of the pupils involved were vulnerable for SEN, disability, medical or social reasons</td>
</tr>
<tr>
<td>Description of incident by the staff involved, including any attempts to de-escalate and warnings given that force might be used</td>
</tr>
<tr>
<td>Reason for using force and description of force used</td>
</tr>
<tr>
<td>Any injury suffered by staff or pupils and any first aid and/or medical attention required</td>
</tr>
<tr>
<td>---</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reasons for making a record of this incident</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Follow up, including post-incident support and any disciplinary action against pupils</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Any information about incident shared with staff not involved in it and external agencies</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>When and how those with parental responsibility were informed about the incident and any views they have expressed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Has any complaint been lodged (details should not be recorded here)?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Report complied by</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name and role</th>
</tr>
</thead>
</table>
Please Note: The names of pupils should be removed before the completed form is sent to parents and the names of members of staff should only be included with their consent.
BEHAVIOUR CHARTING AND BEHAVIOUR RECORDING (SCIP)

An ABC chart is a recording tool which enables carers to identify why behaviours occur. If we understand what leads up to an outburst of challenging behaviour, we can look for patterns that may give some explanation for the behaviour.

A stands for antecedent. This means an event or thing that happens before the behaviour is displayed e.g. time, place, people present.

B is for behaviour. A factual account of the behaviour displayed should be accurately recorded.

C is for consequence. A factual account of staff intervention with the behaviour and anything that happened as a consequence of that behaviour.

We can begin to change the ways in which we work to avoid things which are antecedents, therefore removing the reason for the behaviour to occur again.

It is vitally important that information is recorded accurately and factually, without the opinion of the writer. It will give a clear picture of presenting behaviour.

An example of an ABC chart is further on in the workbook.
**WHAT TO PUT IN AN ABC RECORDING CHART**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Day:</th>
<th>Date:</th>
<th>Time incident started:</th>
<th>Time incident ended:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Type of incident:**  
Please tick all appropriate

- Injury to other
- Injury to self
- Injury to staff
- Physical assault
- Verbal assault
- Property damage
- Absconding
- Police involvement
- Physical intervention used

**Antecedent events**

In this box, with the following questions in mind, provide a step by step description of exactly what you observed prior to the behaviour, or at the same time as the behaviour occurred.

1. Where was the person, and exactly what were they doing?
2. Who was working with the person at the time of the incident?
3. Was anyone else around, or had anyone just left?
4. Had a request been made of the person?
5. Had the person asked for, or did they want something to eat or drink?
6. Had the person asked for, or did they want a specific object or activity?
7. Had an activity just ended, or been cancelled?
8. Where were you and what were you doing?
9. How did the person's mood appear, e.g. happy, sad, angry, withdrawn or distressed?
10. Did the person seem to be communicating anything through their behaviour, e.g. I don't want…; I
11. What was the environment like – hot/cold, light/dark, noisy/quiet, cramped/open, tidy/messy, any smells (chemical, perfume/aftershaves, paint, cleaning fluids)

**Behaviour**

In this box, provide a step by step description of exactly what the person did, e.g. he ran out of the living room, stood in the kitchen doorway and punched his head with his right hand for approximately 1 minute.

**Consequent events**

In this box, with the following questions in mind, provide a step by step description of the exact events that occurred immediately after the behaviour.

2. How did the person respond to your reaction to the behaviour?
3. Was there anyone else around who responded to, or showed a reaction to the behaviour?
4. Did the person’s behaviour result in them gaining anything they did not have before the behaviour was exhibited, e.g. attention from somebody (positive or negative); an object, food or drink; or escape from an activity or situation?

**Was an accident/incident form completed?**  
Yes  
No

**Name of person completing record:**

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>
## ABC RECORDING CHART

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Day:</td>
<td>Date:</td>
<td>Time incident started:</td>
<td>Time incident ended:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of incident:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please tick all appropriate</td>
<td>Injury to other</td>
<td>Injury to self</td>
<td>Injury to staff</td>
</tr>
<tr>
<td></td>
<td>Physical assault</td>
<td>Verbal assault</td>
<td>Property damage</td>
</tr>
<tr>
<td></td>
<td>Absconding</td>
<td>Police involvement</td>
<td>Physical intervention used</td>
</tr>
</tbody>
</table>

### Antecedent events

- 

### Behaviour

- 

### Consequent events

- 

### Was an accident/incident form completed?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### Name of person completing record:

| Signature: | Date: |
NOTIFICATION OF PARENTS / CARERS FOLLOWING AN INCIDENT

Contact made with……………………………………………………Time of contact……………………

Method of contact……………………………………………………

Antecedent (situation prior to incident and details of incident)

Behaviour (describe the actual behaviour of those concerned)

Assault on Child / Young Person

Serious assault / police involvement
Actual Bodily Harm

Injury to Adult

Accidental
Deliberate assault by pupil

Damage to Property

Accidental
Intentional

Absconding

Within the grounds
Off premises

Sexualised Behaviour

All categories

Substance Abuse

All categories

Threatening Behaviour

Staff

Pupils

Verbal abuse towards

Physically threatening behaviour towards
### Accident/Injury to Pupil

<table>
<thead>
<tr>
<th>During incident</th>
<th>First Aider</th>
<th>Hospital</th>
<th>GP</th>
</tr>
</thead>
<tbody>
<tr>
<td>During handling</td>
<td>Body Map used</td>
<td>Accident Log</td>
<td>Other</td>
</tr>
</tbody>
</table>

### Positive Handling Strategy {In accordance with policy guidance}

<table>
<thead>
<tr>
<th>Held by 2 or more</th>
<th>Friendly hold</th>
<th>Figure of four hold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holding only</td>
<td>Single elbow</td>
<td>Wrap – for smaller child</td>
</tr>
<tr>
<td>Guided</td>
<td>Double elbow</td>
<td>Shield</td>
</tr>
<tr>
<td>Cradle Hold</td>
<td>Kneeling hold</td>
<td>Wrap to floor</td>
</tr>
<tr>
<td>Inside double elbow</td>
<td>Position – standing/ sitting /kneeling/prone</td>
<td></td>
</tr>
</tbody>
</table>

### Consequences

<table>
<thead>
<tr>
<th>Follow Up Action Taken ~ Strategies Used</th>
<th>Identify any visible injuries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual counselling</td>
<td></td>
</tr>
<tr>
<td>Removal from area</td>
<td></td>
</tr>
<tr>
<td>Removal of privilege</td>
<td></td>
</tr>
<tr>
<td>Letter home</td>
<td></td>
</tr>
</tbody>
</table>

### 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
<table>
<thead>
<tr>
<th>Agencies informed:</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police Involvement</td>
<td></td>
</tr>
<tr>
<td>Social Care</td>
<td></td>
</tr>
<tr>
<td>Safeguarding Unit</td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td></td>
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<tr>
<td>Local Authority</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**For office use only:**

<table>
<thead>
<tr>
<th>Head teacher / County Residential Manager Checked</th>
<th>Copies to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Incident no:</td>
<td>School / Residential Establishment or other Setting Incident no:</td>
</tr>
</tbody>
</table>

---

**Blank Page (Space for further comments)**

**NUMBERED PAGE**

**Suggested Restraint Intervention Report Book (Front Page)**

This book consists of a set of incident reports bound with numbered pages, alongside this summary record sheet. An incident report form in this book should be filled in after a critical incident in which a child / young person has had to be held, in accordance with established school / setting policies and procedures. Reference to relevant care plans and risk assessments to be included. This book should be held securely but staff should have access to it.

The purpose of this summary record sheet is to see at a glance patterns in terms of children; staff; times; and places. This is to assist in proactive planning in order to take every precaution to avoid such incidents.

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Date / time</th>
<th>Location</th>
<th>Why Held</th>
<th>Main hold used</th>
<th>Staff involved</th>
<th>Beh. Plan in place Y / N</th>
<th>Child debriefed</th>
<th>Staff debriefed</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>
### APPENDIX 2 – SUGGESTED FORMAT OF BEHAVIOUR MANAGEMENT PLAN

<table>
<thead>
<tr>
<th>Behaviour Management Plan (Including Positive Handling Strategies)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Client:</strong></td>
</tr>
<tr>
<td><strong>Trigger Behaviours</strong> <em>(describe common behaviours / situations which are known to have led to positive handling being required. When is such behaviour likely to occur?)</em></td>
</tr>
<tr>
<td><strong>Topography of Behaviour:</strong> <em>(Describe what the behaviour looks/sounds like?)</em></td>
</tr>
<tr>
<td><strong>SETTINGS SECTION</strong></td>
</tr>
<tr>
<td><strong>Preferred Supportive Strategies:</strong> <em>(other ways of CALMing such behaviours)</em> <em>(Describe strategies that, where and when possible, should be attempted before positive handling techniques are used)</em></td>
</tr>
<tr>
<td>Verbal advice and support</td>
</tr>
<tr>
<td>CALM talking / stance</td>
</tr>
<tr>
<td>Choices / Limits / Consequences</td>
</tr>
<tr>
<td>Humour</td>
</tr>
<tr>
<td>Others</td>
</tr>
<tr>
<td><strong>Preferred Handling Strategies:</strong> <em>(describe the preferred staff responses/holds, standing, sitting, ground, stating numbers of staff, what “gets out” that can be used when holding etc)</em></td>
</tr>
<tr>
<td><strong>De-briefing process following incident:</strong> <em>(what care is to be provided)?</em></td>
</tr>
<tr>
<td><strong>Recording and notifications required:</strong></td>
</tr>
<tr>
<td><strong>TO PARENTS AS SOON AS POSSIBLE</strong></td>
</tr>
<tr>
<td><em>NAMES AND CONTACT DETAILS OF APPROPRIATE PERSONS</em></td>
</tr>
<tr>
<td><strong>Signatures</strong></td>
</tr>
<tr>
<td>Manager / Designated member of staff:</td>
</tr>
<tr>
<td>Parents / Carers:</td>
</tr>
<tr>
<td>Child</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Renewal Date:</td>
</tr>
</tbody>
</table>

*Acknowledgements to Pencalegenick School, Truro for this form*
APPENDIX 3: MODEL SCHOOL / SETTING POLICY ON THE USE OF FORCE TO CONTROL OR RESTRAIN CHILDREN AND YOUNG PEOPLE

Framework

Situations involving decisions about whether to use force can occur in any school. Both using force and deciding not to can entail significant risks for pupils and staff. Establishing a clear school policy on the use of force by staff is an important part of minimising these risks.

Each school needs to develop a policy tailored to its particular circumstances. It is good practice to do this in consultation with governors, staff, parents and pupils. It would therefore not be sensible for the Department to provide a detailed model policy. However, schools may find the framework below helpful in developing or reviewing their own policies.

School policy on the use of force by staff to control or restrain pupils

Objectives

These could include statements about:

• the key objective of maintaining the safety of pupils and staff
• preventing serious breaches of school discipline
• preventing serious damage to property

Minimising the need to use force

This section could include material about:

• creating a calm environment that minimises the risk of incidents arising that might require using force
• using Social and Emotional Aspects of Learning (SEAL) approaches to teach pupils how to manage conflict and strong feelings
• de-escalating incidents if they do arise
• only using force when the risks involved in doing so are outweighed by the risks involved in not using force
• risk assessments and positive handling plans for individual pupils.

Staff authorised to use force

This section could deal with both permanent and temporary authorisation.

• On permanent authorisation, it could make clear that all teachers and staff the head has authorised to have control or charge of pupils automatically have the statutory power to use force and identify which categories of staff this covers.
• On temporary authorisation, it could explain: – the circumstances in which staff whose jobs did not normally involve supervising pupils and volunteers working with pupils will be authorised to be in control or charge of pupils and therefore have statutory power to use force; and – how teachers and other staff with permanent authorisation will know who has temporary authorisation.
**Deciding whether to use force**

This section could set out guidelines to help staff decide whether or not to use force in particular circumstances. For example, it could suggest that staff should only use force when:

- the potential consequences of not intervening were sufficiently serious to justify considering use of force;
- the chances of achieving the desired result by other means were low; and
- the risks associated with not using force outweighed those of using force.

This section could also make clear:

- how staff (including people with temporary authorisation to have charge or control of pupils) will be kept informed about and advised how to deal with pupils who present particular risks to themselves or others (as a result of SEN and/or disabilities and/or other personal circumstances, such as domestic violence); and
- how staff should minimise the highest risks, for example by calling the police if a pupil suspected of having a weapon seems likely to resist a search.

**Using force**

This section could emphasise the importance of only using the minimum force necessary to achieve the desired result. The section could also:

- advise giving a clear oral warning to the pupil that force may have to be used;
- suggest types of force that could be used, making it clear that any form of restraint that is likely to injure a pupil (particularly anything that could constrict breathing) should only be used in extreme emergencies and where there was no viable alternative; and
- advise staff that, as far as possible, they should not use force unless or until another responsible adult is present to support, observe and call for assistance.

**Staff training**

This section could deal with:

- how decisions about training are made; and
- how training is provided.

**Recording incidents**

This section could set out the school’s arrangements for recording and reporting significant incidents of use of force.

Schools may wish to use their own version of the attached incident recording form.

**Reporting incidents**

This section could set out the school’s arrangements for reporting recordable incidents to parents.
This section could also set out the procedure to be followed when an incident must not be reported to the parent if it appears that it is likely to result in significant harm to the pupil. It could also deal with reporting to external agencies such as other local authority children’s services, the local Children’s Safeguarding Board, the Health and Safety Executive, Youth Offending Teams and the police.

**Post-incident support**
This section could set out arrangements for supporting staff and pupils involved in incidents, including meeting immediate physical needs and rebuilding relationships, and ensuring that lessons are learned from the incident.

**Complaints and allegations**
This section could set out the school’s arrangements for dealing with complaints and allegations of misconduct arising from incidents.

**Monitoring and review**
This section could set out the school’s arrangements for monitoring the impact of its policy on use of force and for reviewing and developing the policy, including the roles of senior leaders and governors.

**Further information**
This could provide links or references to the DCSF guidance and any relevant local authority guidance.
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 (e.g., 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 RESTRICTION 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**

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**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.

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**ACKNOWLEDGEMENTS**

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