

Cabot Learning Federation  
**PHYSICAL INTERVENTION POLICY – Team Teach**

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Team-Teach Policy Statement:  
Supporting Cabot Learning Federation Behaviour Policy

Introduction

This policy statement is intended as a supporting guide to the Cabot Learning Federation [CLF] schools and Education provision's behaviour policy, outlining the role of Team-Teach; what is acceptable practice and that which clearly is not.

Team-Teach is a whole setting, behaviour management response that aims to use de-escalation and behaviour strategies as a standard response to challenging behaviour. However, this is incorporated with restrictive positive handling techniques that are graded and gradual (up or down) as the situation requires.

*Restrictive Positive Handling techniques are never used in isolation*

The Team-Teach approach will:

- Reinforce policy and practice, in line with current legislation, legal considerations and circular guidelines concerning restrictive physical interventions
- Reinforce the essential verbal and non-verbal skills required in a crisis situation
- Make staff groups aware of necessary interventions appropriate to the level of behaviour reached by the pupil.
- Following training, providing staff with knowledge, understanding and physical skills required for their personal safety, and the management of young people in their care.
- Offers post-incident structure to both the pupil and member of staff using the relevant reporting structures as required by the federation.
- Underpinned by the foundations of all actions being assessed against being reasonable, necessary and proportionate.

Team Teach Aim

- To provide an accredited training framework designed to reduce risk and through working together to safeguard people and services.

Team Teach Objectives

- To develop shared values which promote the attitude, skill and knowledge needed to implement Team Teach in the workplace.
- To develop positive handling skills in behaviour management, including: verbal and non-verbal communication, diversion, de-escalation and safe, effective, humane physical interventions.
- To develop skills in positive listening and learning.

The basic principles of Team-Teach are:

- At least two members of staff when a situation potentially requiring physical intervention occurs. This is protection for both staff and pupils concerned.
- 95% of crisis situations can be resolved through calm, controlled, dignified and skilled de-escalation strategies.
- Minimum force and time – important not to react emotionally but professionally and composed.
- Last resort (where possible) – all other behaviour management strategies to be tried and used first.
- Restrictive physical intervention techniques that provide a gradual, graded system of response – commensurate with the situation, task and individuals involved.
- Techniques allow for verbal communication at all times – utilising positive relationships.

- Techniques that do not rely on pain or “locks” for control.
- Staff safety and protection issues addressed – important for staff to have a range of break- away and release techniques in a serious situation where health and safety are at risk.
- Emphasis on staff awareness and communication skills – verbal and non-verbal used to de- escalate a possible crisis situation.
- Permissible touch for all members of Cabot Learning Federation is acknowledged as between the elbow and shoulder on the outer arm.
- For the requirements of the physical intervention techniques trained staff will take hold of the young person requiring the additional level of support at the wrist, along the forearm and shoulder [or as required by the technique, evidence of which can be found on the team teach website via video clips [www.team-teach.co.uk](http://www.team-teach.co.uk)]
- Following restraint there should be both a supportive and reflective structure for both staff and pupils.
- All incidents involving pupils being physically managed should be reported, recorded, monitored and evaluated.
- All settings have a responsibility to ensure trained staff have access to suitable environments in which they can [if required] hold a young person. There should be options available within a short distance of all areas within the education provision and on the same level. Where suitable furniture or location is not viable, suitable chairs should be available to be brought to the young person.
- The use of the Team Teach help script across the CLF communities by all Team Teach trained and non-trained individuals, SLT are responsible for ensuring all members of the community are aware of the Help Script and its importance.
- CLF support the use of the Post Incident Learning App in conjunction with the Federation processes and procedures.

Team-Teach is accredited by the Institute of Conflict Management.

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### Entitlements, Requirements and responsibilities:

All Team Teach trained teaching, care and support staff have the following entitlements and responsibilities with the Federation having a commitment to the following requirements:

- A minimum of 6 hours re-accreditation Team Teach training (existing 12hr certificated staff) within a two year period of completing a basic training course or previous refresher course.
- A minimum of a 12 hours Team Teach basic training course (new staff)
- Availability of additional Team Teach training for areas not covered in the mandatory 6hr/12hr training courses as required to support the young people in their setting.
- Access to additional training as required relating to the additional needs of new students or as students' needs develop.
- Notification of any updates and changes in the management of challenging behaviour and handling techniques, and changes in current legislation / legal considerations.
- Review / assess and express their own perceived areas of additional training requirements through risk assessment and situations arising in their own school / class environment.
- An individual copy of the Team Teach policy and positive handling guideline booklet made available for them, and evidence of it being read and understood – provided at initial training.
- The availability of being able to approach a Team Teach tutor and be reminded / demonstrated on any particular Team Teach recognised / approved positive handling technique.
- Access to appropriate furniture and locations to support the effective de-escalation
- To express their views on any particular handling techniques efficiency or inadequacy on any particular pupil (which must then be recorded by that particular member of staff in that pupils individual support plan / risk assessment)
- All provisions are required to have a minimum of 12 trained members of staff including a minimum of one member of the Senior Leadership Team [8 for Primary provisions] This is to support staff and students, at no point should the same members of staff be consistently responding to calls for RPI to be potentially used. The ration also allows for absence, frequency of need and physical locations around a school setting.  
\*Kings Oak require 16 trained staff due to logistics of the site  
\*\* The Nest require all staff to be Team Teach trained
- An annual 'walk around' of each school within the Federation to support the commitment to Team teach will occur.
- Each site to have a 'lead practitioner' from the team of trained staff, one per term the leads are to meet with the Federation tutor in order to give the opportunity for reflection, to assess current practice and address training requirements.
- Staff are required to ensure they are appropriately dressed for the potential of needing to use RPI – this includes appropriate footwear, awareness of items of clothing, jewellery and appearance which could cause harm to themselves or young people – long necklaces, hair not tied back etc. Wear necessary a setting may make allowances for slight adjustments to the staff dress code. All team teach training includes techniques to support the removal of hands from headscarves and similar items [including braids and hair adornments] from a young person or member of staff.

### Parents / Carers

Are entitled to information on the behavioural management and positive handling techniques which staff employ in last resort situations or as part of a documented planned response to a student's behaviour. The responses should be documented in the students Positive Behaviour Plan.

When appropriate, they are also invited to contribute to their child's individual Positive Behaviour Plan. It is considered 'good practice' for Parents / Carers to be given a copy of the school's policy on the use of force (RPI Policy, along with the Behaviour Management Policy) to read. It is also good practice to demonstrate the hold which may be used with their young person, allowing the parents/carers to experience the hold where the parents/carer are willing.

Principal or the designated member of staff must ask parents/carers to sign a 'Home School Agreement' (HSA), when their young person joins the school. By signing the form the Parent/Carer will be indicating their agreement with the school's 'Behaviour Policy', and in signing the agreement, they are acknowledging the school's power to use reasonable force on their child in the circumstances described in the policy.

Governing Body:

- Are entitled to attend any behaviour management training.
- Will review policies, practices and minimum standards on an annual basis.
- Any relevant information and data which allows them to monitor and make decisions about school improvement issues.
- Ensure resources and funding are available to support the provision of Team Teach training and the health and safety requirements.
- It is good practice for the Governing Body to monitor incidents where RPI has been used. Principals/Designated SLT member have an important role in reporting such incidents to them
- Governing bodies must ensure that a procedure is in place for recording each significant incident in which a member of staff uses force on a pupil, and reporting each such incident to each parent / carer of the pupil as soon as practicable after the incident. Bound and numbered books should be used for significant incidents and all records stored in line with GDPR, DfE and HSE requirements.
- If it is likely that reporting an incident to a parent / carer will result in significant harm to the pupil, significant incidents should be reported to the local authority, after first seeking advice from a member of the senior management team.

In partnership with Cabot Learning Federation, SLW Training & Consultancy Ltd will maintain a list of trained staff and the valid periods of qualification according to the certification achieved by the individual members. Courses will be facilitated to support re-accreditation, individual settings are responsible for ensuring notification of courses is acknowledged and the attendance of their staff secured.

*This Policy Statement MUST be read in conjunction with the School's Behaviour Policy and Restrictive Physical Intervention Policy*

*Established December 2017*

## Restrictive Physical Intervention Policy Statement, Guidance and Definitions:

### Supporting Cabot Learning Federation Behaviour Policy

Restrictive Physical Intervention / Restraint 'is the positive application of force with the intent of overpowering the client' in order to:

- Restrict movement
- Restrict mobility
- Disengage from dangerous or harmful physical contact

The proper use of physical control requires judgement, skills and knowledge of non-harmful methods of control.

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.*

As a general rule nobody has the right to touch, move, hold or contain another person. However, people with a duty of care operate in exceptional circumstances where it is sometimes necessary to act outside this norm. Whenever they do so they should be clear about why it is NECESSARY. The best legal defence would be to show that any actions were in the child's BEST INTEREST and that they were REASONABLE AND PROPORTIONATE, along with being for the LEAST AMOUNT OF TIME, and using the LEAST AMOUNT OF FORCE.

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
- Restrain a pupil at risk of harming themselves through physical outbursts

### Introduction

On occasions when de-escalation and conflict resolution techniques have failed, the use of Restrictive Physical Intervention (RPI) may be required to safely and appropriately manage a situation. The concept of RPI involves ensuring that pupils with a high level of personal stress; a dangerous lack of self-control; and a serious desire to challenge and threaten, are diverted from harming themselves or others; seriously damaging property; disruptive behaviour prejudicial to the safe and secure learning environment of the school, or are protected from the likelihood of them doing so. When no one is in control the desire to challenge and threaten often escalates. A proactive, orderly, caring and learning environment is impossible to achieve and sustain when pupils or adults believe they are not safe.

Restrictive Physical Intervention (RPI) includes the use of Physical Presence; Restriction of Access; Restriction of Exit; Physical Diversion; Increased Staffing; High Level Supervision; Restrictive Physical Intervention (RPI) and the necessary Prevention from Leaving the Premises without Permission, so that dangerous and / or violent behaviour is controlled and prevented from spreading to others. *(All in line and accordance with the current BILD code of practice)*

Institute of Conflict Management, Team Teach and DfE state and support:

- RPI should only be used in the best interests of the service user
- The minimum force for the shortest time
- Prevent injury, pain and distress
- Maintain dignity
- Reasonable and proportionate
- All actions should be necessary

### Restrictive Physical Intervention must only be used when it is required to prevent a pupil:

- From self-harming
- Injury to other children, service users, staff or teachers
- Damaging property
- An offence is being committed, and
- In school settings, any behaviour prejudicial to the maintenance of good order and discipline within the school, [;or among any of its pupils

It is each member of staff's responsibility to make an assessment of the particular circumstances. Staff will need to decide if control is appropriate, and if it is, at what level. It is not considered appropriate to adopt a blanket approach to the use of Restrictive Physical Intervention simply because a pupil may have emotional and behavioural difficulties. Staff will need to take the following factors into consideration:

- The behaviour of the pupil
- The known intention of the pupil
- Their known wishes, feelings and emotional state
- The pupils personal history
- The influence of other pupils, family and friends
- Any events that may be causing the pupil anxiety
- Knowledge of the pupil
- The time of day
- The antecedents to the situation

In considering these factors particular attention needs to be given to the age, understanding and maturity of the pupil. As a pupil matures he / she may become more able to make considered decisions. However, competency is not only determined by age and maturity. The possible consequences of behaviour should be a significant factor in decision making.

A decision, which involves an assessment of the risk of potential harm, must not be left to a pupil to make alone. It will be a matter for negotiation, or solely the responsibility of the member of staff. The more danger that can be foreseen in a particular situation, the less likely it will be that the pupil is competent to make a decision.

Where a pupil is proposing to do something where there is clear potential for him / her injuring themselves; others, or seriously damaging property, then staff can properly affect RPI to prevent him / her from doing so.

### Dialogue

It is essential that wherever possible the use of RPI, particularly Restrictive Physical Intervention (RPI), should be avoided in favour of lower level de-escalation, through verbal persuasion and dissuasion, and positive handling prompts.

Persuasion and dissuasion is where the staff focus the discussion with pupils with the aim of persuading or dissuading them from an intended course of action. It is in effect focused guidance. Only when dialogue is clearly not producing a satisfactory resolution and a situation continues to be unsafe, or to deteriorate then staff should consider the use of RPI.

The use of the Team Teach Help Script is adopted in all CLF education provisions by all members of the education community.

The Help Script is:

### **Help is available**

[Said to the member of staff supporting a young person by a colleague with the expectation of being given a job – pop back in 5 minutes, getting a glass of water, another member of staff etc]

### **More help is available ... What do you suggest ...**

Said to the member of staff by a colleague with the expected response of ...  
The initiating member of staff needs to be in control, this could be for reasons of additional information not known by the member of staff supporting the young person or to relieve the member of staff who has been involved in the de-escalation for a significant period of time.  
The person initiating the conversation gives instruction upon hearing “What do you suggest...”

When talking to a young person, clean language should be used, the Team Teach script is:

*Insert Student name ...* I can see something may have happened, you talk and I will listen ...

Dialogue should include the use of the following phrase:

“I care too much to allow you to get out of control”

### Physical Presence

Staff member’s physical presence is often all that is necessary to communicate authority, and to re-establish safety and security. Presence by implication of one’s authority may restrict pupil’s movement for a brief period, but is limited to:

- Standing close by, or in front of the young person in a calm side on stance.

Presence should become neither oppressive, or of excessive duration. It is likely to be most effective if complemented by a range of non-verbal communication signals, and Persuasion or Dissuasion. Physical presence must be:

- Considered appropriate in the context of a particular situation or incident
- Used only in the context of engaging the pupil in discussion about the significance, relevance and consequences of his / her behaviour
- Ended if it is met with resistance, when a decision will need to be made whether or not another form of intervention is appropriate

### Restriction of Access / Exit

In the ordinary course of maintaining a supportive and stable educational experience, staff may limit pupil’s liberty by requiring them not to do things that they may prefer to do, including restricting them within a building. However, if the pupil complies with the reasonable request, restriction of liberty is not an issue.

There may be occasions, however, when a pupil has lost self control, and is intent on serious self damage; inflicting injury on others; damage to property, or is considered potentially likely to do so, that it would be appropriate to prevent access to dangerous environments by locking doors to them. Restricting access under such circumstances is considered appropriate staff action.

### Physical Diversion

As part of a range of Restrictive Physical Interventions, Physical Diversion differs from Restrictive Physical Intervention (RPI) in the degree of ‘force’ used. Physical Diversion may be for example, holding a hand; placing a hand on the forearm; or putting an arm around the shoulder. A guide rather than escort.

Diversion is a means of deflecting a pupil from destructive and / or disruptive behaviour. It involves little force but serves to reinforce staff attempts to ‘reason’. It is persuasive rather than coercive. It is important that:

- It should guide, comfort and reassure

- If possible the intervening member of staff should already have an established relationship with the pupil
- It should be ended if it is met with resistance. When a further decision will need to be made whether or not another form of intervention is appropriate

### Increased Staffing Levels

Whilst not a true RPI technique, the temporary physical presence of Increased Staffing Levels when a particular class are experiencing difficulties in functioning, because of the behaviour of a particular pupil / pupils, it may be a means of managing the situation. A temporary increase of staffing levels is particularly useful because it does not label individual pupils.

### Time Out

If a pupil is unsettled, and it is felt that they would benefit from being away from a situation, then they might take 'Time out'. Time out can either be requested by a pupil, or directed by staff. The objective should be to give a pupil the opportunity to regain their composure, without the pressure associated with being in a formal location or being near staff or other pupils. Time out is an important tool in encouraging and supporting pupils to manage their own behaviour prior to reaching a crisis point. Staff must be conscious of the fact that some pupils might ask for time out as a way of getting out of a lesson without real reason. Where possible pupils who ask for time out, might have a prior arrangement that might form part of their IBP / PHP. In Durham LA any area or room used for 'Time Out' must be unlocked and be monitored by staff at all times.

### Isolation

If a pupil is unsettled, and continues to be disruptive to the safe and secure learning environment of other pupils, it may be considered by staff to separate a pupil from their peers, and supervise him / her by a member or members of staff with the purpose of providing him / her with continuous focused supervision and support. Pupils isolated from their peers and supervised by staff must not be in locked rooms.

### Seclusion

Seclusion describes the forcible confinement and segregation of a pupil from their peers in situations that are unsupervised by staff. This requires statutory powers and should be agreed with the Federation and relevant external bodies support. All documentation needs to be in place to adopt seclusion as part of a Behaviour Management Plan.

### Restrictive Physical Intervention (RPI)

Restrictive Physical Intervention (RPI) is the positive use of minimum force to divert a pupil from harming himself / herself or others; seriously damaging property; disrupting the safety and security of the school's learning environment, or to protect a pupil from the likelihood of their doing so.

### Restrictive Physical Intervention (RPI) at Walworth School must only be used to prevent:

- Self harming
- Injury to other children, service users, staff or teachers
- Damage to property
- An offence being committed, and
- In school settings, any behaviour prejudicial to the maintenance of good order and discipline within the school or among any of its pupils.

And as a means of preventing a pupil leaving if:

- The pupil is so acutely and seriously troubled that it is clear he / she is in immediate danger of inflicting serious self-harm; serious harm to others, or seriously damaging property
- Lesser interventions have either not been understood or successful, and the pupil would upon absconding be potentially in physical or moral danger
- The pupil is socially immature and vulnerable, consequently potentially at physical and moral risk
- Its use is intended to return a pupil to a less dangerous situation

- The pupil is very likely to interrupt the safe and secure learning environment of the school
- It is described as a course of permitted action in the pupil's Behaviour Management Plan

*The use of Restrictive Physical Intervention (RPI) is not a substitute for using alternative strategies.*

Normally lesser forms of intervention should have been used first and all de-escalation techniques exhausted. The onus is upon the member of staff to decide when this position has been reached.

Restrictive Physical Intervention (RPI) is used only:

- Rarely
- When there is *NO OTHER WAY*, and
- Where any other course of action would be likely to fail

Restrictive Physical Intervention (RPI) must not be used:

- To punish
- To gain pupil compliance with staff instruction (unless the instruction is to cease from a course of behaviour leading to injury, damage or serious disruption)
- To cause or threaten hurt / pain
- Oppress; threaten; intimidate and bully

There are occasions when to safeguard a pupil's dignity or safety, it would be in his / her interests to be moved to a less public place, or safer environment. This may also be the case in establishing or maintaining a safe and settled learning environment, or to prevent / lessen disruption to the environment. However, the movement of non-co-operative pupils can be problematic, and needs careful consideration. Staff will need to assess the necessity of such an action, against the potential risks involved, and take into consideration all potential dangers. When pupils co-operate with movement it is usually indicative of their desire to regain self-control.

Staff using Restrictive Physical Intervention (RPI) must always adhere to the following principles:

- Follow the 'Team Teach' training given
- De-escalation and conflict resolution techniques must have been exhausted
- Always warn the pupil quietly, yet clearly and firmly that you are likely to take Restrictive Physical Intervention (RPI) *BEFORE* taking action
- *NEVER* act out of temper. If you are losing control, the professional approach is to call another member of staff to replace your involvement at this time
- The Restrictive Physical Intervention (RPI) techniques should provide a gradual, graded system of response commensurate with the situation; task and individual involved. Consideration should be made to any risk involved in any particular situations. Techniques used should allow for phasing up and down as dictated by the circumstances at that time.
- Whenever possible, more than one member of staff should be present or involved. This prompts teamwork; requires less effort and is therefore likely to minimise the possibility of damage or injury. It also prevents particular staff becoming associated with physical methods of control.
- Where a male member of staff is involved in controlling a pupil of the opposite sex, a female member of staff should be present from the earliest possible moment. Best interests of the child and Health and Safety issues are the main drivers for staff actions in this area. It is in everyone's 'best interests', for a female member of staff to be present, when a female is being restrained.
- The least intrusive method of control should be employed
- *IN EVERY CASE, no more than the reasonable amount of force, with the maximum amount of care for the minimum amount of time should be used to keep safe.* No more time taken, than is necessary to effectively resolve the situation
- The pupil should repeatedly be offered the opportunity of exercising his own self-control. Physical management should cease as *SOON AS POSSIBLE*. The skilled use of non-verbal; Para-verbal and verbal strategies aid de-escalation.
- Whilst it may be necessary for staff to be given support in physically controlling pupils, staff should be aware that

creating an audience can often escalate the situation.

- As soon as possible after the incident, when the pupil is calm and ready, he / she should be given the opportunity to talk through the incident.
- ALL INCIDENTS CONCERNING RESTRICTIVE PHYSICAL INTERVENTION (RPI) must be recorded on a Major Incident Record Form – Bound and Numbered books. The report should consider the circumstances and justification for using Restrictive Physical Intervention (RPI).
- Staff involved should be afforded supportive discussion, if required as soon as possible.

#### Procedure for Restrictive Physical Intervention (RPI)

*Only staff that have undertaken the school based training programmes in 'Team Teach' methods of Restrictive Physical Intervention (RPI) and have valid confirmation of their approval to do so from the Head teacher are permitted to physically control pupils. Only those techniques of the 'Team Teach' approach can be employed. Staff are to ensure HR have a copy of their most recent certificate.*

The following procedure for Restrictive Physical Intervention (RPI) must always be followed:

#### Elevated Risks

Physical restraint involves risk, as do all the alternatives. A reasonable response involves choosing an option which reduces rather than increases the risk. Sometimes the only effective techniques available involve a degree of danger to the staff or the child. In these difficult circumstances the risks have to be balanced carefully. Such judgements are never simple. There are positive handling techniques that reduce risk by taking people to the ground in a controlled manner. They do not involve pressure to the torso. As the risks are exceptional, Team Teach distinguishes very precisely which strategies it is willing to support. The nature of the risk must be understood along with necessary planning, training, additional safeguards, risk assessment and post incident structure. When an individual goes to the ground, or is taken to the ground by staff, it is vital that they are closely monitored. The goal should be to recover into a seated or standing position at the earliest safe opportunity.

There are risks associated with ineffective attempts to prevent a person from going to the ground. Any attempt to lift or support body weight risks spinal injury. There are also risks associated with suddenly breaking away and allowing people to fall to the ground in an uncontrolled manner. These should be balanced against the risks associated with a controlled descent and effective ground techniques. We cannot eliminate risks but we must make a balanced judgement and ensure that all agreed procedures are fully documented. All Team Teach techniques have been passed through the Risk Assessment Panel.

#### Positional Asphyxia

This term has been used to describe deaths which have been attributed to an individual's body position. Adverse effects of restraint include being unable to breathe, feeling sick or vomiting. Signs may include swelling to the face and neck, and small blood-spots associated with asphyxiation) to the head, neck and chest. In order to breathe effectively, an individual must not only have a clear airway but they must also be able to expand the chest and stomach to draw 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 need to increase to supply these additional oxygen demands. To achieve this 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.

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.

*The fact that a person can complain does not mean that they can breathe*

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 talk until they collapse.

A degree of positional asphyxia can result from any restraint position in which there is restriction of the neck, chest wall or diaphragm, particularly 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, abdomen and diaphragm movement.

#### Pressure to the neck

Necks are extremely fragile. Whiplash injuries are common. Some people with Down Syndrome are especially vulnerable to serious damage in this area. No attempt should be made to hold a neck. No pressure should be placed on the neck to move the head forward. This can damage the spine and restrict breathing.

#### Seated Holds / Restraints

In seated holds forcing the body forward into hyperflexion at the hips is likely to limit the expansion of the abdomen and restrict breathing. Young children can be extremely flexible and may throw themselves forward. In Team Teach seated holds the staff should allow the torso to come back to a comfortable position naturally rather than follow the child into a hyper-flexed position. 'Basket holds' which involve the arms being pulled across the rib cage and locked under the armpit can severely restrict the expansion of the rib cage and impede breathing. Team Teach techniques do not allow this. In the Team Teach 'Wrap' the arms are not pulled across the rib cage, but placed on the hips. For extremely obese children or those with short arms the 'Wrap' may not be an appropriate response.

#### Standing Holds / Restraints

Hyperflexion can be a risk in standing holds if the body is forced forward. Some standing holds involve forcing the shoulders forward. No Team Teach techniques allow this. Some standing 'basket holds' allow the child's arms to be locked under the armpits. In this position the expansion of the rib cage can be compromised. The 'basket hold' is not an approved Team Teach technique. In the standing 'Wrap' the child's arms are not pulled but placed down at the hips to allow the rib cage to expand normally. As in the seated position, if a flexible child throws their body forward the staff do not follow, but allow the body to return to a comfortable position.

#### Extreme exertion and other factors

Extreme exertion can be risk factor in itself. An oxygen debt can build up over time in any form of restraint. Staff should always be ready to release at any signs of medical distress. In addition obesity, small stature, asthma, bronchitis, a blocked nose or a range of pre-existing medical conditions could impair breathing.

#### Warning signs

During a restraint and in the period following children must be monitored and supported closely. Danger signs include:

- Struggling to breathe
- Complaining of being unable to breathe
- Evidence or report of feeling sick or vomiting
- Swelling, redness or blood spots to face or neck
- Marked expansion of the veins in the neck
- Subject becoming limp or unresponsive
- Changes in behaviour either escalative or de-escalative
- Loss of or reduced levels of consciousness
- Respiratory or cardiac arrest

## Immediate Action

Release or modify the restraint as far as possible to improve breathing. Immediately summon medical attention and provide appropriate first aid in line with local policy.

## Team Teach Protocols

The Team Teach instruction is comprehensive and staff that are unsure about approaches, de-escalation, protocols, techniques or holds should seek clarification. The following is a brief outline of some of the main principles:

- Staff should always be aware of their own safety. Only in exceptional circumstances should staff use Restrictive Physical Intervention (RPI)s without another member of staff being present to support
- Remember to use the HELP protocols for both pupils and staff
- It is always easier if one member of staff takes the lead and directs events
- With two staff present, take one arm each. Always be aware of kicks, punches, knees, head butts, spitting, bites etc.
- Take hold at the lower forearm / wrist.
- Keep close contact with pupil, with 'no daylight' between you
- Maintain only the pressure that is required to keep safe
- Communicate with each other *and* the pupil
- If sitting in an upright chair keep well to the side and slightly behind the pupil
- Once the situation begins to calm down, significant decreases in the grades of Restrictive Physical Intervention (RPI) should commence. However these should be on staff terms and not when demanded by the pupil. If he / she asks sensibly, calmly and politely staff must adhere to the request, however exercise caution.
- The overall aim is to (when the pupil is calm and ready to talk) discuss what provoked the whole episode, getting the pupil to examine the problem and its consequences. Staff need the pupil to realise that there was a more acceptable and appropriate way of dealing with the situation.
- The pupil should be asked if they are hurt and / or if they need medical treatment.
- The event should be discussed with all involved staff, so that positive feedback is given, and the potential for improved approach, teamwork and skills is achieved.
- A Major Incident Report Form must be written with all involved staff and the pupil given the opportunity to record their own feelings and opinions.

Any use of Restrictive Physical Intervention (RPI) must be reported as soon as possible to the Principal or designated SLT, and a Major Incident Report Form completed, and recorded in the MIR Bound and numbered Book. Where an injury occurred, the MIR form must be forwarded to H&S. In line with school guidance, CPOMS, SIMS or relevant system should be updated and Behaviour Management Plan should be reviewed and updated.

Information regarding Restrictive Physical Intervention (RPI) used with pupils will frequently be discussed amongst staff. This information will be used to positively amend practice and intervention strategies, risk assessments etc.

## Monitoring

The Principal/SLT should monitor the use of Restrictive Physical Intervention, particularly Restrictive Physical Intervention (RPI), by examining:

- The frequency of their use
- The justification of their use
- Their nature
- Their users
- The views of the pupils concerning them

He/She must ensure that:

- The need to use Restrictive Physical Interventions are minimised
- Restrictive Physical Interventions are used only in the appropriate circumstances
- Only the appropriate Restrictive Physical Interventions are used in particular situations in line with the BILD code of practice.
- Provide a summary report on the use of Restrictive Physical Interventions to the school's Governing Body & Federation DSL – Steve Bane.
- Take appropriate action over issues of concern of either a generic or specific nature
- Make available on request the Major Incident Report Forms to the authority's officers

It is the responsibility of any member of the school's staff team to alert a member of the Senior Management Team of any concerns they have regarding any individual pupils in their care.

### Policy and Guidance

Schools must have a policy on the use of reasonable force to control or restrain pupils. The policy should be approved formally by the governing body and made known to staff, pupils and parents. The guidance acknowledges the potential for injury to both pupils and staff involved in physical intervention responses.

### The Policy:

- Should be value driven
- Should inform staff clearly what they should do
- Should explain how to do it
- Should be supported by training where necessary
- Should be updated / reviewed annually
- Should be supported by evidence that staff have read and understood it

### Recording, Reporting and Monitoring Record Keeping

All documentation must be kept in line with the Federation data storage policy *INSERT HERE*

In addition to the above, Team Teach strongly recommends that all services should keep records / copies of incidents of restraint, for a minimum period of 25 years from the date of the incident.

The behaviour of some individuals presents a hazard to themselves and others. In settings which cater for individuals who exhibit hazardous behaviours, records serve a number of purposes:

- They can be an invaluable aid to risk assessment and risk reduction by communicating information about known hazards.
- They can provide evidence of both poor and preferred practice to help managers target training.
- They can direct managers towards improving the quality of the guidance they provide for staff.
- They can expose malpractice and protect staff against false allegations.
- Employers who fail to establish effective recording and reporting systems to protect children, young people, vulnerable adults and staff are in breach of their statutory duties under Health and Safety legislation.

### Records

- Should be completed after everyone has recovered.
- Should use structured recording forms (MIR's) and entered into a bound and numbered book
- Should include the de-escalation techniques used
- Should state briefly exactly what happened
- Should be signed and dated
- Should be monitored and evaluated
- Should inform positive handling plans (PHP's)

- Should be archived along with the current policy and guidance

### Major Incident Report Forms

*All incidents using RPI should be recorded, reported, monitored and evaluated using the school's MIR report form.*

It is the responsibility of staff involved in an incident to complete a Major Incident Report Form (MIR) before the end of the day in the case of a contentious incident, or within a 24 hour period in all other incident cases. The MIR form is comprehensive and staff should ensure that they complete all relevant sections thoroughly and accurately, checking details with all colleagues involved in the incident. Parents / carers should also be notified that the child has been involved in Restrictive Physical Intervention (RPI) resulting in a MIR. Upon completion, this form should be handed in to the Head teacher.

### Behaviour Management (BHP) / Positive Handling (PHP) Plans.

Planned responses and techniques should be written out and included in support plans: Behaviour Management (BHP) and Positive Handling (PHP) Plans.

The plans need to be developed for individuals assessed as being at greatest risk of needing restrictive physical intervention in consultation with the pupil and his / her parents / carers.

Such plans would include strategies to prevent and deal with any recurrence of behaviour that could lead to the use of force.

### These plans should include:

- Risk assessments where necessary, and alert people / staff to foreseen risks.
- Should warn against strategies which have been ineffective in the past.
- Should include preferred strategies and suggest ideas for the future.
- Should bring together contributions from key partners (including Parents / Carers) working in partnership, and signed by all concerned.
- Should be reviewed regularly and / or when changes to the individual child's circumstances are evident

### Notification of RPI

Each such incident should be reported to the parent / carer as soon as practicable after the incident. If it is likely that reporting an incident to a parent / carer will result in significant harm to the pupil, significant incidents should be reported to the local authority. The Secretary of State's view is that, significant harm is where a child is chastised inappropriately and / or significantly. The person who makes the telephone call need not be the person who compiled the MIR report. In the event of parents not being able to be contacted by phone regarding RPI, a letter should be sent home notifying them accordingly of the incident.

### Search for weapons and other prohibited items

- Reasonable force may be used to search pupils without their consent for weapons.
- This power of search may be exercised by Head teachers and staff authorised by them, where they have reasonable grounds for suspecting that a pupil has a weapon.
- From September 2010, the power to search pupils without their consent was extended to include alcohol, illegal drugs and stolen property.
- Where resistance is expected school staff may judge it more appropriate to call the police.

*This Policy Statement MUST be read in conjunction with the School's Behaviour Policy and Statement of Team Teach.*

Established 2017