Passive Intervention and Restraint Policy

Reviewed: 01.10.2018 | Next date for review: 01.10.2019

Policy and guidelines regarding Physical Contact with Referrals and the Use of Reasonable Force to Control or Restrain Referrals.

Introduction

This document is designed to explain the policy on physical contact and provide guidelines which enable all staff to provide consistent support to Referrals who exhibit challenging behaviour. By following this advice the aim is to minimise risk to the health and safety of all who use the centre.

The following sections cover:

- Physical contact.
- Restraining a child.
- Giving medical attention.

The Devon Guidelines

The "Guidance on the use of reasonable force to control or restrain Referrals" (Jan. 2005) sets out circumstances in which physical restraint may be appropriately used, procedures that should be in place and the techniques which are considered to be suitable.

This document is available to all staff and they are made aware of its content.

http://www.devon.gov.uk/inclusion-reasonableforce.pdf

Passive Intervention

Passive Intervention is designed to minimise risk and help people to build and maintain positive relationships.

All staff working directly with students are required to complete Passive Intervention training that covers:

- The Legal Framework.
- Understanding Aggression.
- How Feelings Drive Behaviour.

- De-escalation and Diffusion.
- Personal Safety and Positive Handling.
- Repair, Reflection and Review

Staff are expected to apply this training when dealing with Referrals in appropriate situations.

Positive Contact with Referrals

There may be times when it is appropriate to have positive physical contact:

- Comfort.
- Curricular reasons (eg P.E.).
- Gentle guidance.
- First aid (see final section in document).

Staff should not touch a Referral unless they are confident that they know that there would be no detrimental effects in doing so. Staff should take into consideration:

- The Referral's age.
- The Referral's gender.
- The Referral's understanding of the need for contact.
- The location.
- How often.
- Parts of the body.
- The Referral's background.

If a member of staff is not sure of the above or is uncertain then no contact should take place unless there is an urgent need to avert immediate danger to the Referral or another person or where staff may be deemed negligent if they fail to intervene.

The Legal View

Under the strict eyes of the law touch without consent is considered a criminal offence. However, staff also should consider their over-riding duty of welfare. It is vital that before intervening staff should think through the possible outcomes and be sure that they can account for their actions.

They can always be challenged by employers, parents and the law.

Physical Intervention

Staff may physically intervene:

- To avert immediate danger or risk of danger to the young person.
- To avert immediate danger or risk of danger to other people including oneself.
- Where property is at risk (reasonably significant property).
- If the Referral is committing a criminal offence.
- Where a Referral is behaving in a way that is compromising good order and discipline.
- Where staff may be deemed negligent if they fail to do so.

Risk Assessment

Time will not always allow a proper risk assessment prior to an intervention so it is important that assessment of risk is carried out on every child before admission.

All staff must be made aware of these assessments.

An immediate risk assessment at the scene should consider:

- The most effective outcome
- Clothing/jewellery worn by those involved.
- The location.
- The age, gender and medical condition of the pupil and the member of staff.
- The availability of assistance or adult witnesses.
- The presence of other Referrals (they should be moved to another area if possible).
- The state of mind of the Referral and the member of staff.
- The presence or potential risk of weapons.
- Knowledge of the Referral's previous history especially with prior restraint and physical contact.

Restraint

Restraint should only be used as a last resort. All other de-escalation/distraction strategies should be applied first. Restraint should never be used to impose will upon a pupil.

Staff should not physically intervene if they feel that they are not able to regulate their own emotions.

The best practice in any educational establishment is where there is a low incidence of restraint.

Methods of Handling

Staff should apply Passive Intervention techniques to the situation where ever possible. They should be aware of the following in particular:

- Ensure that wherever possible at least two members of staff are present although there may be rare occasions where this is not possible.
- To use minimum force for the minimum time.
- Not to inflict pain.
- Not to degrade or demean.
- To avoid contact with sensitive body parts.
- To avoid joints.
- To be aware that male staff should avoid restraining a female wherever possible.

During Restraint

Restraint should always be for as little time as possible and while it is happening the following principles should be applied:

- Other Referrals should not be asked to assist.
- The Referral should be talked to.
- Actions should be explained.
- The Referral should be reassured in a calm way.
- Clear regular messages about conditions for ceasing restraint should be given.
- The restrained person should not be moved.

- The type of and strength of the physical force being used should be monitored.
- Airway, breathing and the general health and well-being of the pupil should be paramount at all times.

Following Restraint

Once a Referral is calmer and no longer requires restraint staff should continue to talk to him/her and continue de-escalation and reassurance. The following must also be carried out:

- An Incident Report.
- The incident must be reported to the team leader and/or the nominated officer.
- It is good practice to discuss the incident with other adults who were involved.
- It may be necessary to de-brief other Referrals who were witness or involved.
- Parents must be informed as soon as possible following the restraint.

Summary

Staff should always remember:

- Referrals are in your care.
- Physical intervention should be used to keep them safe.
- Staff can be and should be challenged about what is done by colleagues, parents, social workers etc.
- Staff should be sure of their actions, intentions and feelings Agreed Protocols in the Case of Stage 1-3 Incidents

Stage 1 - 2 (Trigger and early escalation)

All staff must be familiar with the information held on all Referrals, particularly risk assessments and details regarding triggers and handling strategies.

At planning sessions staff must agree what strategies will be adopted if there are early signs of possible aggressive/abusive behaviour.

These may include:

- Cooling off in isolation.

- Talking through feelings and experiences.
- Gentle handling.
- Alternative activities.
- Clarification of boundaries.
- Support and reassurance.
- Diversion.
- Choices.
- An agreement with parents to send home.

Stage 2 - 3 (Escalation into crisis)

The following actions will be taken to safeguard staff and Referrals in the case of a Referral losing control and becoming a risk to him/herself, other Referrals, staff, property good order and discipline.

- The Referral will be guided to a safe area away from other Referrals
- Other Referrals will be supervised in other class areas by the remaining staff
- Another member of staff will act as observer and may be required to assist or intervene if necessary
- Staff managing the Referral will indicate levels of response to the observer:

1. level one = situation under control;
2. level two = call parents and arrange transport home;
3. level three = call police for assistance.

Medical Care and First Aid

No medication should be administered to a Referral unless it is part of a planned programme agreed by a doctor and the Referral's parents. When this is the case every administration must be recorded and witnessed.

A proforma is available from the Managing Director. If a member of staff is in any doubt at all they must check with a Managing Director, First Aiders and the child's parent.

All medication must be stored securely.

In an emergency it may be necessary to apply first aid to a child. In this case the following should be observed:

- Help should be summoned from colleagues, particularly if the staff member is not first aid trained.
- There should be at least one member of staff who is a trained first aider.
- First aid should only be administered to the level of knowledge and training of the staff member.
- If you there is uncertainty about how to proceed or further treatment is required an ambulance should be summoned.
- If appropriate and possible parental permission should be sought.
- Parents should be contacted following an incident
- An Accident form (PO3) should be completed and submitted to the administrator.

The guidelines in the section above must be adhered to:

- Positive Contact with Referrals.

Contact Running Deer

Running Deer CIC, Butterdon Wood, Moretonhampstead, Exeter TQ13 8PY

Telephone: 01647 400201 | Email: info@runningdeer.org.uk

Website: https://www.runningdeer.org.uk