

Restrictive Physical Intervention Policy

‘Together we unlock potential and learn for life’



Moor First School

This policy was approved by the Governing Body of Moor First School at their meeting on:

Chair of Governors
Mrs V Chapman

Sign:

Co-Head Teacher:
Mrs V Atherton

Sign:

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Mrs S J Mayes

Sign:

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Restrictive Physical Intervention Policy

Core | Consider | **Complex**

Safety Interventions

The use of non-restrictive and restrictive interventions

Health, Safety and Wellbeing Service



Supporting you in managing Health, Safety & Wellbeing



Success Indicators

- a) Services actively promote positive behaviour support planning and reducing restrictive interventions.
- b) Practises and procedures are based on the expectation that as far as possible settings and services will be restraint free.
- c) Workplaces that manage challenging situations have clearly implemented lower level/suitable controls to reduce the frequency and level of restrictive interventions required to manage challenging behaviours.
- d) Service Users/Pupils have individual risk assessments and restrictive intervention protocol /plans documenting when and how restrictive interventions will be used, and these are produced following reference to the individual behaviour support plans developed by multidisciplinary assessments.
- e) Restrictive interventions are accurately recorded, and risk assessments reviewed to allow continuous improvement in management of challenging behaviours.
- f) Staff working with service persons that require planned restrictive interventions have received appropriate certified training.

1. Application

These management arrangements apply to all Staffordshire County Council employed staff and managers who may use non-restrictive and restrictive interventions in the provision of services to adults, pupils, and young people.

Those commissioning services where persons have needs that may result in the use of non-restrictive and restrictive interventions should ensure that those commissioned are able to demonstrate their ability to meet the above success indicators.

This document should be read in conjunction with either Reducing Restrictive Physical Interventions in Adult Services or Reducing Restrictive Physical Interventions in Schools and Children's Services and the Violence and Aggression Management Arrangements.

Schools must have a policy on the use of non-restrictive and restrictive interventions that links to other school policies and is embedded in a whole-school ethos of positive behaviour support. Schools and other settings may use these management arrangements and associated guidance as their own policy on the use of restrictive interventions or they may produce their own using this policy to identify the minimum standards of acceptable practice. Reference should therefore be made to this document in the appropriate part of the Schools Behaviour Policy outlining how staff have been made aware of the content.

2. Overview

Adults and young people with social, emotional and physical and mental health difficulties sometimes behave in ways that others can find challenging and which, on some occasions, may be dangerous; potentially resulting in harm to the person displaying the behaviour, peers, staff or the public. Such behaviours may initially appear unpredictable and can be frightening for all concerned including the person displaying the behaviour.

There are a variety of approaches and strategies that can be used to prevent situations from developing into incidents likely to cause harm such as de-escalation and Positive Behaviour Support. However, on some occasions it may be necessary to use, as a last resort a strategy that includes a restrictive practice.

This document identifies approaches to be taken by managers and employees when situations of challenging and risk behaviour escalates to levels that give rise to the need to use restrictive interventions. This document in no way limits or removes an employee's right to use reasonable force to protect themselves or others from the threat of harm.

The council will support staff involved in restrictive interventions if the guidelines and procedures in this document have been followed. However the council recognises that in volatile situations staff may need to deviate from laid down safe systems of work and risk assessments to protect themselves and/or others, where these actions were taken in good faith they will be supported. Where there is evidence that staff involved have blatantly disregarded their responsibilities formal disciplinary action may be taken. Staff should report any concerns regarding management of behaviour or the use of restrictive interventions to their line manager.

Within school settings this document does not limit or remove staff powers to restrain pupils as outlined in Section 93 of the Education and Inspection Act 2006. However it does not authorise anything to be done in relation to a pupil which constitutes the giving of corporal punishment within the meaning of section 548 of the Education Act 1996.

Staff working with adults who display challenging behaviours must have consideration for the provisions of the Mental Capacity Act 2005. This document does not consider the issues of deprivation of liberty of service users in detail but focuses on the principles that should be applied to the use of restrictive interventions. Managers and staff involved in the use of restrictive interventions with adults must be aware that its inappropriate or disproportionate use may constitute a deprivation of liberty of the individual. Appropriate and proportionate use of restraint with an individual who lacks capacity falls short of deprivation of liberty. Further information sources regarding deprivation of liberty can be obtained from the Deprivation of Liberties Team by emailing deprivationofliberty@staffordshire.gov.uk

This document reflects national standards which form part of the "Positive and Proactive Care: Reducing the need for restrictive interventions," Department of Health 2014 and Department for Education "Use of reasonable force – Advice for Headteachers, staff and governing bodies" July 2013.

3. Aims and Objectives

The aim of these arrangements is to reduce and ultimately eliminate the use of restrictive interventions and when restrictive interventions are used, they are as safe as practicable, relevant, and practical for all involved.

Implementation of these arrangements and associated guidance will help services to address important outcomes for a person's choice, rights, independence, and inclusion.

It is the objective of these arrangements: -

- A member of the Council's Senior Leadership Team will be responsible for identifying a lead for increasing positive behaviour support planning and reducing restrictive interventions.
- As far as possible settings and services will be restraint free and when used all methods of restrictive physical interventions are used as infrequently as possible.
- When used restrictive interventions are in the best interests of the individual.
- Every reasonable effort is made to minimise risk of harm or injury to anyone involved and maintain an individual's respect, dignity, and welfare.
- Restrictive interventions are risk assessed, so that any negative impact of the restrictive intervention will be minimised when key factors are evaluated.
- A planned approach is taken to incidents whenever possible.

Safety Interventions

Safety interventions include non-restrictive and restrictive strategies used to maximise safety and minimise harm.

Non-restrictive interventions

Enable staff to respond by using effective verbal intervention, making the environment safe, or moving to a place of safety if the person in distress does something that could injure others

Examples include:

- Removing items that could be dangerous
- Giving person in distress a safe/quiet place to go to
- Removing bystanders
- Asking a staff member to help
- Calling for help
- Physical disengagements

Restrictive Interventions

Any physical, mechanical, chemical, environmental, or social/psychological intervention used to restrict a person's liberty of movement. This may or may not involve the use of force.

Restrictive interventions include:

- Physical interventions
- Seclusion
- Medication (Chemical restraint)
- Mechanical restraint

Physical intervention

Physical restraint is any direct physical contact where the intention of the person intervening is to prevent, restrict or subdue movement of the body, or part of the body of another person (Department of Health, 2014). Physical restraint can also be called manual restraint, physical intervention, and restrictive physical intervention.

The safety of staff during restrictive physical intervention is of equal importance to the best interests of adults and young people and both take priority over the care of property.

There is no legal definition of reasonable force. The use of force can be regarded as reasonable only if the circumstances of the incident warrant it. The degree of force used must be in proportion to the circumstances of the incident and seriousness of the behaviour or the consequences it is intended to prevent. Any force must always be the minimum needed to achieve the desired result over the shortest possible time.

4. Management Arrangements

4.1 Operational Requirement and Context

All intervention strategies should be carefully selected and reviewed to ensure that they do not unnecessarily constrain opportunities, access to education, or have an adverse effect on the individual's welfare or quality of life. In some situations it may be necessary to make a judgement about the relative risks and potential benefits arising from activities which might provoke challenging behaviours compared to the impact on the person's overall quality of life if such activities are prohibited. This judgement is likely to require a detailed risk assessment which must be documented and reviewed regularly.

Restrictive interventions, including physical restraint must be used in a context of risk assessment and care or positive behaviour support plans. The correct use of intervention, recording and reporting on the use, and investigation and follow up is essential.

Poorly or incorrectly used, restrictive physical interventions are a source of risk to both the person and staff. They can escalate negative relationships and are a possible threat to the council via legal action. The correct use of restrictive physical interventions must always remain an act of last resort, be proportional and should not be normal practice.

4.1.2 Strategies for the use of Restrictive Physical Intervention

Restrictive physical intervention must be an act of last resort. Adopting good working practices involving non-restrictive and restrictive interventions is important. This means that person centred support and de-escalation strategies to avoid the incidents of restrictive physical intervention must always be used first. Details of intervention strategies are provided in guidance associated with these management standards.

For everyone who presents challenges there needs to be individualised strategies for responding to risk behaviour - violence and aggression/self-injurious behaviour etc. Where appropriate the strategy may include directions for the use of restrictive physical intervention, including a personalised approach for the person. This must be documented in a behaviour support plan/ care plan/ on the person's records. Plans that include restrictive physical interventions should also have a restraint reduction section that outlines how this will be achieved and measured.

Appropriate training of staff in intervention strategies will have a major impact in the reduction of the need to use restrictive physical interventions.

4.1.3 Risk Assessment

Whenever it is foreseeable that a person might require a restrictive physical intervention, then a risk assessment must be completed. It is essential that the outcomes of any assessment are made

known to all relevant staff and other parties such as parents/carers. The assessment process is the same as for assessing any other form of risk and should be documented.

When undertaking this assessment: -

- Involve relevant agencies who may have an involvement with the person, and their family/carers.
- Involve key people such as health professionals, social workers, specialist challenging behaviour nurse, psychologist etc.
- Identify behaviours and settings that result in harm or damage from past incident reports/records.
- Determine the likelihood of an incident requiring restrictive physical intervention occurring.
- Identify the degree of potential harm/damage resulting from not intervening.
- Document the agreed management strategies and the risk levels.
- If risks of intervening remain high risk, seek specialist advice and support.
- Agree review date and monitor that the protocols and management strategies are working effectively.
- Communicate the outcome of the risk assessment and management strategies/protocol to all relevant parties.
- Implement necessary training where training needs are identified.

Where the need for a restrictive physical intervention is agreed, it is important that appropriate steps are taken to minimise the risks to the person and staff. Adequate staff must be available to safely complete any holding and restraint that is undertaken as part of a planned strategy.

It is essential that following any intervention risk assessments are reviewed. It may be necessary to call a formal review meeting and revise the risk assessment and management plan. When reviewing the risk assessments it is important to review trends, personality dynamics, factors surrounding the incident, what happened in the days and hours beforehand to look for triggers or contributing factors.

4.2 Medication

Medication must never be used as a sole method of gaining control over a person who displays challenging behaviour, but as part of a holistic care plan. Medication must be administered upon medical advice in accordance with the Council's Medication Management Arrangements and other relevant national guidance and not used as a routine method of managing risk behaviours.

4.3 Devices for Restricting Movement

Devices that are required for a therapeutic purpose for a person, such as buggies, wheelchairs and standing frames (including supporting harness) may also restrict movement. Such devices should never be provided solely for the purpose of preventing risk behaviours.

Some devices are designed specifically to prevent risk behaviours and their use must be considered as a form of restrictive physical intervention. For example, arm splints or protective garments might be used to prevent self injurious behaviours. Such devices should be a last resort and used only when other preventative strategies have not proved successful. They should only

be introduced after a multidisciplinary assessment that includes consultation with family/carers and in the case of children, those with parental responsibility. If used, they should be selected carefully to impose the least restriction on movement required to prevent harm whilst attempts should continue to be made to achieve the desired outcomes with less restrictive interventions.

Where the use of self-harm prevention devices is indicated, staff must be fully trained in their use and be recorded using the Restrictive Physical Intervention Protocol HSF 57.

4.4 Weapons

A weapon can be described as any implement that has the potential to cause harm when not used for the purpose it was designed and intended to be used. Staff must always attempt to observe if the person maybe holding anything which may have the potential to cause harm prior to using a restrictive intervention.

Staff are not expected to disarm persons with a weapon using physical restraint since the risks of injury to those involved are too great. The priority must be to contact the police and attempt to move other people in the immediate environment to a safer place.

If a person uses a weapon to harm themselves or others, the council recognises that staff have the legal right to use reasonable force to protect themselves and others.

4.5 Documenting Restrictive Physical Intervention Strategies

If it is agreed that a person will require some form of restrictive physical intervention, there must be an up to date copy of a written protocol included in the person's plan/records. (See Standard Document HSF57 Physical Intervention Protocol form upon which intervention strategies can be documented.)

Communication

Information relating to intervention strategies should be discussed with the person and their families/parents/carers prior to the implementation. All parties should agree with the intervention strategy. If this is not possible, differences of opinion must be documented and recorded in the individuals care plan/records.

4.6 Action to be taken following an incident of Restrictive Physical Intervention.

Details of activities that should be undertaken following incidents of Restrictive Intervention are provided in Reducing Restrictive Physical Intervention in Adult Services and Reducing Restrictive Physical Intervention in Schools and Children's Services Guidance.

4.7 Dress Code

Managers of workplaces and services where staff may be involved in the application of restrictive physical interventions must consider a dress code risk assessment based on the individual person and the potential risks identified with specific interventions.

5. Training and Information

It is the responsibility of managers to carry out a training needs analysis to ensure that suitable training is provided and refreshed at appropriate intervals for staff in their role and the needs of

the service. The training needs analysis will determine the level of information, instruction and training required so staff can safely carry out restrictive intervention strategies and techniques required. It is not suitable to provide staff with physical intervention techniques without putting their use into appropriate context.

Staff involved in use of planned and emergency interventions must have suitable training, for their own safety and that of the individual. Any training provided must cover the use of Primary and Secondary intervention strategies as well as the physical techniques and should be suitable for the environment and person.

Training provided to staff should be to the level they require. Training staff in (higher level) skills they will never use is not necessary and the skills are soon lost or may be used incorrectly.

It is the responsibility of those purchasing training to ensure that the training provider is competent, has suitable accreditation and that staff undertaking the training will be assessed as to their competency.

Any training including restrictive physical intervention skills and associated practises should be carried out by organisations certified as complying with the Restraint Reduction Network Training Standards. This will ensure that training is facilitated by suitably qualified, professional trainers with an appropriate background and experience of the services delivered. Commissioners of such training must ensure that the physical techniques that staff will be taught have been medically risk assessed and assessed to ensure that they are not adverse or painful in their application.

Training in the use of restrictive physical interventions must be recorded and refreshed in accordance with the training provider's accreditation scheme which is often annually. Failure to refresh training within the stated timescales may result in staff being required to complete the initial training course.

Staffordshire County Council in house trainers delivering training which involves the use of restrictive interventions must:

- be affiliated to a certified training provider. Where only non-restrictive disengagements are delivered there is no requirement for affiliation.
- ensure the views and experiences of people with lived experience inform the development and delivery of training which involves the use of restrictive interventions.
- have systems in place to provide evidence that they monitor the quality and consistency of their training.
- hold current first aid certification so they can respond to medical emergencies should they occur because of interventions.

Specialist Advice

If managers require specialist advice and support regarding the implementation of safe restrictive physical intervention practices, they can contact the Health, Safety and Wellbeing Service who will provide contact details of training providers from whom specialist advice is available. In school settings assistance is via the Educational Psychology Service.

Advice regarding Deprivation of Liberties issues and the impact of the Mental Capacity Act should be obtained from the [Deprivation of Liberties Team](#).

6. Monitoring and Reviewing these Arrangements

The Care Quality Commission (CQC) and OFSTED will monitor the implementation of these procedures as part of their roles to protect the interests of persons who are exposed to the use of restrictive physical interventions. These regulating bodies may require settings to record and report information relating to the use of restrictive physical interventions in a specific format.

Local services and establishments/schools will monitor the use of restrictive physical interventions, look for trends, and work to devise strategies that reduce the use of interventions, or make them safer for all involved. This information must be documented, and a summary provided to the relevant senior managers/governing bodies.

Senior managers/governing bodies must review and evaluate the restrictive physical interventions taking place in the service for which they have responsibility. Where necessary they must make recommendations for local managers to implement regarding the use of restrictive physical interventions.

The council's SLT will ensure oversight that these arrangements are being effectively implemented by the lead for increasing positive behaviour support planning and reducing restrictive interventions.

7. Record Keeping

All records must be kept in line with the council's Retention Schedule.

8. Health Safety and Wellbeing Supporting Information

Guidance - Reducing Restrictive Physical Intervention in Adult Services

Guidance - Reducing Restrictive Intervention in Schools and Children's Services

Management arrangements – Accidents, Management of Violence and Aggression,
Restrictive Physical Intervention Protocol HSF57

Appendix 1: Restrictive Physical Intervention - Record of Incident

Staffordshire County Council

HSF56

1. Names of those involved	Staff:	Service User/Pupil: Others:
2. Date of incident:	Time of incident:	Location of incident:
3. Events leading up to Restrictive Physical Intervention (including alternative strategies used):		
4. Account of actual incident (including details of actions, method of intervention, words used, witnesses etc.):		
5. Outcome or resolution of incident:		
6. Follow up actions (advice to family/parents/carers, support to staff and pupils involved):		
7. Names of witnesses and attached witness statements:		
8. Risk Assessment and Restrictive Physical Intervention Protocol reviewed: Yes/No Outcomes:		
9. Record of any injury or property damage:		
10. Has an Accident Investigation Report Form or Report of Violence and Aggression Form been completed and submitted to the Health, Safety and Wellbeing Service?		
Print Name:	Signature	Job Title
Date:		