

ELAN Physical Safety Intervention Policy

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1. Introduction

All behaviour is a form of communication. At ELAN all staff have a duty to understand what children's behaviour is communicating whilst responding in a way that helps everyone to keep safe.

There are times when children's behaviour presents particular challenges that may require restrictive physical intervention.

Definition of Physical Intervention:-

"Direct physical contact between persons where reasonable force is positively applied against resistance, either to restrict movement or mobility or to disengage from harmful behaviour displayed by an individual".

When considering the use of physical intervention, these principles need to be taken into account in line with the Crisis Preventions Institute (CPI) which is the framework that ELAN has adopted:

- Care: for all pupils and to ensure that they are treated with respect, dignity and empathy
- Welfare: ensure that pupils are offered emotional and physical support and are encouraged to make positive choices
- Safety: ensuring that pupils are protected, safeguarding their human rights and minimising the risk of harm
- Security: school is a safe place where effective approaches to managing challenging situations are employed and positive relationships are fostered

2. Avoiding the Use of Physical Intervention

Each school's behaviour policy is designed to prevent physical incidents from occurring and de-escalate situations. Our aim of creating a calm, predictable and secure atmosphere is the best insurance against incidents of aggressive confrontations.

If there are frequent incidents of physical intervention, where a pupil needs movement or intervention on a regular basis, then certain aspects of staffing, organisation and environment would need to be challenged and examined.

3. The Conditions of Permissible Forms of Physical Intervention

Staff working with children have a duty to safeguard their welfare. Sometimes, this obligation overrides a child's right not to be touched. The Education Act of 1996 allows teachers and others named by the headteacher to physically intervene if a pupil is:

- Committing a criminal offence
- Injuring themselves or others
- Causing (considerable) damage to property, including their own property.
- Engaging in behaviour that prejudices good order and discipline in a classroom or elsewhere within a school or on an authorised school visit or out of school activity.

Staff are authorised to physically intervene in such circumstances and may be deemed negligent if they fail to do so. Examples of types of incidents:

- Pupil attacks another pupil or member of staff
- Pupils fighting
- Pupil engaged in, or about to engage in, vandalism



- Pupil misusing dangerous materials or objects
- Pupils running in a corridor in such a way that they may hurt themselves or others
- Pupil absconds from class or school (N.B. This only applies if a pupil could be at risk if not kept in the classroom or at school)

Using physical intervention is a last resort. Staff must ensure, and be able to demonstrate, that de-escalation strategies in line with recommended CPI training have first been attempted and all other means have been exhausted. Physical intervention should never be used as a substitute for behaviour management. Suggested de-escalation strategies can be found in the physical intervention form in <u>Appendix 1</u>

If the school are aware of pupils with needs that could result in behaviour where physical intervention may be necessary, then this will be included in any behaviour plan or risk assessment specific to the individual detailing how to respond. Plans should include staff training, communication with parents/carers and agreed strategies amongst all staff on de-escalating a conflict and shared with parents/carers

4. Risk Assessment

Assess whether physical intervention will do more harm than good. Before physical intervention, consideration should be given to:

- Whether the other pupils can be removed from the area rather than restraining the child.
- The presence of a second member of staff to assist, supervise or witness
- The presence of other pupils and the effect they may have
- The scope to secure further assistance
- Spectacles, hearing aids, clothing worn by pupil
- Adult's capacity to remain calm
- Location of the intervention and any risks posed by surroundings
- Pupil's previous experience of intervention and their likely reaction
- Presence of any weapons

Staff should always adopt a calm approach with one voice. Physical intervention should never be used to punish, or out of anger or frustration.

5. Methods of Handling

Physical intervention should only be attempted by those staff who have been specifically trained in CPI.

Any physical intervention should be in line with the training methods adopted by the school where minimum force is used for the minimum amount of time and only as a last resort.

All physical intervention should take place with a minimum of two members of staff present.

If only one member of trained staff is available a non- trained member of staff can be invited to support the physical intervention.

In the event that a staff member deems there to be imminent risk to pupils or staff a dynamic risk assessment should be made and safe physical intervention used. However, a trained member of staff should always be called immediately.

Physical handling should never be used to humiliate or inflict pain.

Staff must avoid touching sensitive areas.



Physical safety interventions by staff might involve:

- Physically interposing between pupils
- Blocking a pupil's path
- Holding
- Redirecting the pupil away from danger
- Leading a pupil by the hand or arm
- Shepherding a pupil away by placing a hand in the centre of the back
- In extreme circumstances, using more restrictive holds in line with accredited training.

During physical intervention, staff must:

- Not employ another pupil to assist
- Avoid moving the restrained person
- Avoid generating a fear of injury
- Continually offer verbal reassurance in a calm manner
- Give clear messages under what conditions the physical intervention will cease
- Monitor physical well-being

All Staff have the right to defend themselves by physical means against attack (Criminal Law Act 1967 Section 3).

Staff must not act in a way that might reasonably be expected to cause injury, for example by:

- Holding a pupil by the neck or collar
- Slapping, punching, or kicking a pupil
- Twisting or forcing limbs against a joint
- Tripping up a pupil
- Holding or pulling a pupil by hair or ear
- Holding a pupil face down on the ground
- Touching or holding a pupil in any way that might be considered indecent.

6. Regulation room / spaces

Some schools will have a designated regulation room or space for children to use either independently as part of their calming strategies toolkit or with adult guidance when they are dysregulated. For schools that have a regulation room / space, <u>Appendix 2</u> explains the arrangements for the use of the school's regulation room / spaces.

7. Supporting and reviewing

Physical intervention is upsetting for everyone. Once calm, it is important to explain why intervention was used and to defuse this and any potential further situation. After any incident our aim is to repair any potential strain placed on the relationship between the child and those involved.

Any physical intervention must be logged on CPOMS by the member of staff on the appropriate form (<u>Appendix 1</u>).

Parents should be informed as soon as possible.

Staff should be offered the opportunity to de brief the situation and assess areas for learning

The senior management team and governors have a duty to monitor logged incidents. If, after receiving the report of an incident, the headteacher considers the school guidelines have been seriously breached and that further investigation is warranted, the incident should NOT be



pursued, but action in accordance with Child Protection and Safeguarding Procedures must be taken.

- The headteacher or delegated person contacts the Local Authority Designated Officer (LADO) and personnel advisor.
- Staff member advised to consult his/her Professional Association



Appendix 1 Use of Physical Intervention Report

Name of pupil:					
Name of staff involved:					
Date:	Where did the Incident take place?				
Time:					
Why was physical intervention necessary?					
To prevent injury/interrupt:					
Criminal offence					
Risk of Injury to staff/others/self					
Serious damage to property					
Significant Disruptive Behaviour (s	state)				
Other					
What de-escalation strategies wer	e used prior to intervention:				
Defusing	proximity control				
Deflection	Rule reminder				
Time out	distraction				
Planned ignoring	Thrive Language				
Changes of task	Choices				
Limits	Consequences				
Another Member of staff	Take up Time				
Any other					
Nature of Restrictive intervention Used:					
Type level of hold:					
Duration of hold:					
Witnesses					
Where there any injuries to either party? (Ensure these are appropriately documented via accident books)					
•					



Was any medical intervention required (If yes, please document exactly what and by whom)?		
Child checked over by qualified first aider?		
Yes/No		
Who informed the parents/carers?		
How were the parents/carers informed?		
Have all staff involved been debriefed?		
Young Persons view		
What is the learning for next time?		
Signed:	Date:	
Name:	Role:	



Appendix 2 Regulation Room Guidelines

Introduction

These guidelines have been prepared to support all staff, pupils and parents/carers. It is designed to explain the school's arrangements for the use of the school's regulation rooms / spaces. These guidelines form part of the safety intervention strategies for pupils in school.

Purpose of the guidelines

The purpose of these guidelines is to outline and clarify the appropriate use of the regulation rooms / spaces in order to ensure that the children who use it benefit from the resource while at the same time ensuring the safety and welfare of all children and staff.

Definition – What is a regulation room?

A regulation room is a safe space for children to use either independently as part of their calming strategies toolkit or with adult guidance when they are dysregulated.

Rationale – Why have a regulation room?

There are times during the school day when situations happen which cause a child to become dysregulated and unable to manage their emotions.

When children become dysregulated, they need a safe space to allow them to express their emotions and become regulated again.

A room / space away from other children and adults, which is a safe, calming environment allows for the above to take place.

Aims (of the regulation room):

- To provide a safe environment for children to express emotions.
- To prevent situations escalating and ensure children's safety.
- To allow children to express emotions away from public display.
- To provide a safe space for a child to talk and work through a situation.
- To act as a tool to allow children to be regulated and soothed, working towards them managing their own feelings, self-soothing and regulating themselves.

Using the regulation room

Main Uses:

It is used as a space that can help children to regulate their emotions as part of their calming strategies toolkit. For example, a child could request to go to the Regulation Room or an adult could say 'I can see that you are feeling worried; let's go into the Regulation Room, sit together, look at the lights and have a chat / cuddle the big teddies' or 'I can see you are feeling angry; let's go into the Regulation Room and throw soft balls'. This may also include being more direct if the situation needs it. For example, 'We need to go to the Regulation Room now'.

It is used as a space that a child can take themselves to as part of their behaviour plan that allows them to begin to regulate themselves and thus manage their own behaviour.

On some occasions, a child may be escorted to the Regulation Room as part of their behaviour plan and / or to minimise risk resulting from incidents taking place, i.e. if the child has become unsafe and needs adult support through positive handling to support them to a safe space. This will be in line with the Physical Safety Intervention Policy.

Guidelines:

The Regulation Room will never be used as a punishment, to threaten students, to humiliate them or make them feel shamed or afraid.



An adult always accompanies a child into the Regulation Room to help them regulate unless the child expresses a desire to use the space independently. Adults will use safety scripts to ensure it is safe for them to be present in the Regulation Room with a child in a dysregulated state, e.g. to help contain unsafe behaviours.

If a child is in the Regulation Room on their own and communicating they do not want their accompanying adult to join them then staff may offer a change of face.

If a change of adult does not resolve the situation and the child is still in the room on their own (either voluntarily or because of Health & Safety) then an adult must always be stood outside the door watching the pupil at all times and regularly talking to them and checking if they are ready for the adult to come in. An adult is therefore always physically and emotionally available for the child.

Staff to be aware that some children may have raised anxieties about going into a small room and this could escalate behaviour. Alternative strategies will then be used and these will be outlined on the child's behaviour plan.

Health & Safety

Regulation Rooms / Spaces are risk assessed to ensure they contain soft / safe items only such as padded cushions, soft play, pillows and blankets.

Staff use dynamic risk assessment to gauge to safest space to use with a dysregulated child in any given moment, bearing in mind the wider context to the incident.

Parents/Careers

All parents/careers will be shown the Regulation Room during their initial tour. Children and their families will have the Regulation Room usage explained as part of the tour. This sits alongside discussion around CPI strategies, key scripts used in school to help separate behaviour from child and incorporate the child in the team working together to prevent and / or manage dysregulation in a safe way.