

# Bitterne C of E Primary School



## Physical Intervention and the Use of Reasonable Force Policy

**Headteacher**

Last review- July 2022

Next review- July 2023

**Signed by Chair of Governors**

---

## Overview

This policy is designed to:

- Provide the basis for a whole school approach to the use of reasonable force to restrain or control pupils;
- Assist the maintenance of good relationships between teacher and learner, and between school and the pupils' homes.

It is the responsibility of the Headteacher to ensure that any incidents of physical intervention comply with this policy. Local Authority guidelines and government legislation should be referred to for guidance:

- Department for Education Use of Reasonable Force – advice for headteachers, staff and governing bodies July 2013 reviewed July 2015  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/444051/Use\\_of\\_reasonable\\_force\\_advice\\_Reviewed\\_July\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/444051/Use_of_reasonable_force_advice_Reviewed_July_2015.pdf)

This policy should be read alongside the Behaviour and Anti Bullying Policy.

The policy will be reviewed every year, or sooner in response to a review of an incident or updated Department for Education or Southampton City Council guidance.

This policy will be shared and reviewed with all staff, and published on the school's website for parents.

This policy continues to apply during Covid 19 restrictions. To ensure the safety of all adults and children, unprotected close physical contact should be kept to a minimum and only when necessary, as a last resort. The school has supplies of PPE to protect staff and children. Having insufficient time to don the PPE must not be a reason not to act, as staff have duty of care to act in a timely way to ensure the safety of all. If restrictive physical intervention is necessary and was carried out without PPE this would be reported to the parents along with the details on reporting detailed below.

## Rationale

At Bitterne CE Primary School our Christian ethos of 'love', 'trust' and 'forgiveness' underpins our values for equipping children with the skills that will enable them to positively contribute to society. We believe that the key factors that enable a child to reach their full potential are a whole school approach to behaviour, learning and teaching, a mutual respect and trust for all members of the school community within a positive, safe and caring environment. We believe that good behaviour is a necessary condition for effective teaching and learning to take place. On occasion, a pupil may behave in a way that may require **reasonable, proportionate and necessary physical intervention**, to prevent them from injuring themselves or others, damaging property, committing an offence and to maintain good order and discipline in the classroom.

**At no time will force ever be used as a punishment, as this is unlawful.**

## Definitions

- **Reasonable Force**- this term covers the broad range of actions used by school staff that involves a degree of physical contact with pupils. Force is usually used either to control or restrain. This can range from guiding a pupil to safety by the arm through to more extreme circumstances where a pupil needs to be restrained to prevent violence or injury. 'Reasonable in the circumstances' means using no more force than is needed.
- **Control** means either passive physical contact, such as standing between pupils or active physical contact such as leading a pupil by the arm/around shoulder out of a classroom.
- **Physical intervention** is any method of physically intervening to resolve a difficult or dangerous situation, and is not necessarily physical restraint.

- **Restrictive physical intervention** (sometimes referred to as restraint) is defined as when a member of staff uses force with the intention of restricting a child's movement against their will.
- **Restrictive physical intervention should be used as a last resort** to support children at a time of crisis and **should be avoided wherever possible**. It is never a substitute for good behaviour management. Other methods (such as defusing conflict, non-physical calming etc.) of managing the situation should always be tried first, unless this is impractical. Any physical intervention should only be used when there is no reasonable and less intrusive alternative that will achieve the desired goal.

### The option of physical intervention

All members of staff have a legal power to use reasonable force.

### **Restrictive physical intervention may be a legally defensible response (Educations and Inspections Act, Section 93 (2006):**

- where there is a risk of injury to self and /or others;
- where there is a risk of significant damage to property;
- where a child is behaving in a way that is compromising good order and discipline;
- to prevent the committing of a criminal offence.
- To prevent a pupil absconding
- Where there is significant disruption to others' education or well-being

### **Physical intervention should only be considered as an option if:**

- calming and defusing strategies have failed to de-escalate the situation;
- the response is in the paramount interests of the child;
- not intervening is likely to result in more dangerous consequences than intervening.

### **Searching pupils without consent**

The Violent Crime Reduction Act (2006) allows the use of 'reasonable force' and the Education Act 1996 gives headteacher and authorised staff the general power to search pupils without their consent, for the following prohibited items

- knives and weapons
- alcohol
- illegal drugs
- stolen items
- tobacco and cigarette papers
- fireworks
- pornographic images
- any article that has been or is likely to be used to commit an offence, cause personal injury or damage property.

This applies to headteachers and staff authorised by them where they have reasonable grounds for suspecting that a pupil has a weapon. 'Screening, Searching and Confiscation Advice for headteachers, staff and governing bodies' (SCC guidelines August 2011) should be consulted for more information.

However, it would be sensible **not** to search when resistance is expected, but rather to call the police. Force **cannot** be used to search for other items banned under the school's own rules.

### **At Bitterne CE Primary reasonable force may be used to:**

- Remove a pupil from an area where their actions are putting their own or the safety of others at risk and move them to safer area for them and others.
- Prevent a pupil behaving in a way that significantly disrupts a school event, a school trip or visit and / or where they are putting themselves at risk outside of the school grounds.

- 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 outburst.  
(Use of Reasonable Force DfE July 2013- revised July 2015)

Bitterne CE Primary has a legal duty to make reasonable adjustments for disabled children and children with special educational needs (SEN).

Every child who exhibits challenging behaviour in school has an individual behaviour response plan. This will detail successful de-escalation strategies and known triggers for escalation. Every adult working with that child has to declare that they have read and understood the plan for that individual child. The strategies for each child are bespoke to de escalate and therefore reduce the need to any physical intervention. Where physical intervention has taken place, the school will work with the staff involved to review the behaviour plan to revise triggers and de-escalation strategies.

All staff are expected to follow the agreed individual behaviour plan that has been signed by parents.

Staff must be **thinking dynamically in any challenging situation** to ensure their actions, with the best intentions to assist, do not escalate a situation or cause the situation to become more serious. For example, where there is no immediate safety risk to the child or another child and a staff member blocks a child's path to try to control their movements, this can lead to an escalation and the staff member is putting them self in a position where the child may lash out at them.

If staff believe that a situation is escalating, they must always use 'on call ' to call for assistance or a change of face. It is not in the best interest of the child or staff member to try to deal with an escalating situation without support from others. It is the responsibility of each staff member to ensure they have their walkie talkie with them to be able to call for assistance.

If staff feel that their own response to an escalating situation is impacting negatively on them, they should always call to swap out. If on arrival the supporting adult feels that the original staff member's wellbeing and reaction to the challenging situation is becoming negative and increasing anxiety in the child, they will gently put their hand on their colleagues' shoulder and quietly suggest they take 5 minutes. The original staff member should then recognise this as a sign that they should leave without any judgement on their capability being made regardless of their role in school. This is a supportive back up system to enable us to work as a team in the most demanding of situations while actively supporting the well-being of colleagues dealing with situations.

The school does not require parental consent to use force on a pupil but will always report to a parent where force has been used – see below for procedures.

### **Authorised Staff**

Teachers have a duty of care to maintain good order and safeguard children's health and safety. However, teachers are not under a duty to run risk of serious personal injury by intervening when it is not safe to do so.

In this school any staff member who has charge of children is authorised to use reasonable force of physical intervention as set out in this policy (teachers, teaching assistants, MDSAs, breakfast club, admin and site manager)

Only staff who have been trained to use specific restrictive physical intervention techniques by Southampton Psychology Service or other accredited trainers are authorised to use these on children. This includes certified Securicare trained staff. The school previously used Team Teach but approved scheme is now Securicare

However, in an emergency or a case of self-defence everyone has the right under the Criminal Law ACT (1967) to use 'reasonable force' to defend themselves or others against attack.

### **Procedures for Reasonable Force**

A calm and measured approach to a situation is needed and **staff should never give the impression that they have lost their temper, or are acting out of anger or frustration, or to punish the pupil.** If a staff member starts to feel any of these reactions, they should seek to swap out immediately. If during a situation they have not recognised these feelings building, a supporting colleague will quietly suggest they swap out for 5 minutes. All staff must heed this gentle suggestion in order to reflect and for them to regain a calm and measured approach.

The use of reasonable force should be used as a positive strategy in order to regain control of a young person who has temporarily lost control of him/herself and where their own or others' safety is a concern.

**De-escalation strategies** should be used extensively to calm a situation before a situation gets to the point of requiring a physical intervention. This could include:

- calling for a change of face, on call,
- going to a different room,
- a physical activity outside, in the hall etc to distract the child and re focus them on something other than what triggered the event.
- distraction – asking a question, pointing something out, talk about something funny

Please refer to Appendix 3 for de-escalation strategies. **The physical intervention will be the last resort.**

**Before** intervening physically, a teacher should, wherever practicable, tell the pupil who is misbehaving to stop, and what will happen if he or she does not.

**Throughout** the incident, the teacher should continue attempting to communicate with the pupil, using supportive calming techniques, and should make it clear that physical intervention will stop as soon as it ceases to be necessary.

Trained staff **will continue to use de-escalating strategies** (Appendix 3), when initially attending an incident.

If the child continues to put themselves and others at risk, then the member of staff will consider, after risk assessing the situation, whether it is **reasonable, proportionate and necessary** to use physical intervention, as a last resort.

**Physical intervention** can take several forms. Not all are appropriate for every child or for every situation. If a child has an individual behaviour plan – key strategies will already be identified. It might involve staff:

- Physically interposing between pupils;
- Pushing if only in situations where reasonable force is used to resist a pupil's movement, rather than a forceful push that might cause the pupil to fall over;
- Pulling to avoid an unsafe situation
- Strategic standing to reduce options for flight. Staff should be careful not to block a child where this could lead to a fight response.
- Offering to hold a child's hand to help support them;

- Guiding a pupil with gentle pressure by placing a hand in the centre of the back;

**Restrictive Physical intervention** (RPI) should only be used as a very last resort and should only be considered as an option if:

- Calming and defusing strategies have failed to de-escalate the situation
- The response is in the paramount interest of the young person
- Not intervening is likely to result in more dangerous consequences than intervening.

RPI involves an adult taking control of a seriously unsafe situation by restricting a child's movement and/ or actions to ensure the safety of the child or others using reasonable, proportionate and appropriate force.

This may involve a physically holding a child and de-escalation techniques will still continue to be used to ensure this is for the shortest time possible.

Holding techniques should take account of the following:

- airway- no obstruction of airway
- breathing – no restriction of chest area
- circulation- no pressure on arterial pressure points
- avoid pressure on joints
- Good body alignment

The following should never happen:

- No face down holding
- No kicking, slapping/ punching, tripping or holding by hair.

**Where used, physical restraint must:**

- never be entered into lightly;
- involve the minimum force necessary;
- be used to de-escalate a potentially dangerous situation;
- be applied only until the immediate threat has passed;
- support the child to maintain self-control;
- not be used offensively as a threat or a punishment;
- not inflict pain;
- be administered calmly and rationally and **not in response to anger or frustration**- if any staff member starts to feel anger or frustration they should swap out immediately.
- be the result of a professional judgement about the child's safety, taking account of the age and ability of the child;
- be in the best interests of the child **and not for the convenience of staff**
- not be a substitute for a positive intervention/ behaviour management programme;
- be planned; an emergency response is only justified on the first occasion;
- **always be the last resort after exhaustive de-escalation strategies have been used by a variety of staff** (i.e. all means other than force were attempted and found to be insufficient).

A child should always be monitored for health and safety during physical restraint. Holds should stop immediately if the following signs are noted:

- difficulties in breathing;
- sudden change in colour of skin;
- vomiting.

The following restraint techniques **must not** be used, as the Physical Control in Care Medical Panel 2008 identified that they pose an unacceptable risk to children. No staff in this school are trained in any of the below techniques.

- The 'seated double embrace' which involves two members of staff forcing a person into a sitting position and leaning them forward, while a third monitors breathing
- The 'double basket-hold' which involves holding a person's arms across their chest
- The 'nose distraction technique' which involves a sharp upward jab under the nose.

School staff should always try to avoid acting in a way that might cause injury, but in extreme cases it may not always be possible to avoid injuring the pupil. Securicare techniques seek to avoid injury; however, it is possible that bruising or scratching may occur accidentally to either pupil or member of staff supporting them. These are not necessarily as a failure of professional techniques, but a regrettable and infrequent side effect of attempts to keep people safe. There will always be a verbal check of injury after physical intervention and any injury will be treated and recorded on a skin map, on appropriate incident form. HS1 and/ or HS2, these will be sent to the Local Authority.

It is the duty of all staff to offer appropriate support during or after a physical intervention or serious incident.

### **Risk Management**

An **individual behaviour response plan (IBRP)** must be in place for a child who requires physical restraint on more than one occasion. Any behaviour management plan should include a Risk Assessment (Appendix 2) and a Positive Handling Plan. The school will seek advice from Southampton Psychology Service regarding the behaviour management of children who are exhibiting challenging behaviour and request a CBC meeting (Challenging Behaviour Consultation). Broadly, this plan should include bespoke measures for each child and contain:

- **Preventative measures**- to reduce the risk of challenging behaviour occurring, or to reduce its intensity and duration if it has started.
- **Proactive measures**- to support the pupil effectively and prevent difficulties emerging.
- **Early intervention**- to decrease the likelihood of difficult behaviour occurring and measures to minimise the effect of the risk.
- **Planned measures**- to manage the pupil and others safely when difficulties arise. This should include a risk assessment and a positive handling plan

For further guidance on completing a risk assessment (Appendix 2) or a positive handling plan, please refer to SCC Physical Intervention guidelines.

All staff working with a child with an IBRP must declare that they have read and understood the plan. Those working closely with the child will be involved in creating the plan and reviewing it.

### **Procedures for when reasonable force has been used for control that does not involve an agreed restrictive hold or escort (see definition of control on page 2)**

Staff should always record on CPOMs where they have had to use reasonable force of any kind short of a restrictive physical intervention, as soon as they are able to do so and within 12 hours of the event.

They **must also inform a member of SLT what has happened and their actions** before they leave work at the end of the day.

This will then mean parents can be informed of the context and the action taken.

It may be the child's individual plan needs to be reviewed.

## **Procedures for when Restrictive Physical Intervention (restraint) has been used that has involved an agreed restrictive hold or escort as outlined on the RPI reporting form**

### **Appendix 1, page 11 section 10**

When a child has been restrained due to a serious incident, this must be reported to the Headteacher (or in his absence Deputy Headteacher or member of SLT immediately).

The effects of an incident of physical restraint should be monitored and support provided to the child or staff, as needed.

### **Recording and reporting**

A written record should be completed as soon as possible, **and always within 12 hours of the incident** in order to:

- ensure the policy guidelines are followed;
- inform parents;
- inform future planning as part of school requirement processes;
- prevent misunderstanding or misinterpretation of the incident;
- provide a record for any future enquiry.

A written record of any occasion where restrictive force (use of holds) is needed should be recorded on the 'Restrictive Physical Intervention' RPI record form (Appendix 1). The forms are numbered and kept in a sequential folder.

- names of staff and child involved;
- reason for using restrictive physical intervention rather than other strategies;
- type of restrictive physical intervention used;
- date and duration of restrictive physical intervention;
- completion of the restrictive physical intervention (RPI) Record Form will provide the above information (Appendix 1).

A log of each incident is also kept in a bound book where it is easy to see patterns over time.

The Head teacher will ensure that the member of staff attends a debriefing after the incident to ensure the policy was adhered to and to ensure further support (medical/ emotional/ OT) is offered, as needed.

The school will complete Southampton City's Violence to/ abuse of staff Incident report form on line, HS2 where appropriate.

School staff affected by a restrictive physical intervention can access the SCC Employee Advisory Service for counselling support.

Incidents involving the use of restrictive physical intervention can cause the parents of the pupil involved great concern. **The school will inform parents when a serious incident has resulted in restrictive physical intervention involving their child** (unless there are clear reasons not to inform parents due to potential harm to the child in which case Children's Services will be informed). The Headteacher, or member of staff to whom the incident is reported, will need to consider whether that should be done straight away or at the end of the school day, and whether parents should be told orally or in writing.

Where a parent wishes to make a complaint with regards to physical restraint the school's complaints procedure will be used and the Head teacher will inform HR.

### **Training**

Where an individual behaviour response plan, risk assessments (Appendix 2), or outcome of an EP led 'Challenging Behaviour Consultation' include appropriate and possible use of restrictive physical intervention, at least one member of the Senior Leadership team will have completed detailed physical restraint training through Southampton Psychology Service or another recognised provider (Securicare). This will be updated in line with Securicare current guidelines to ensure up to date techniques are used or sooner where an individual plan is updated.

### **Further guidance for staff**

- Provided staff have followed the recommendations in this policy and Southampton Physical Intervention Guidelines for Schools and their training (when formally Securicare trained) and they acted in a professional, considered and informed manner with the child's best interests being paramount, Southampton City Council will support their actions.
- Teachers and support staff in schools do not have a duty to run the risk of personal injury by intervening where it is not safe to do so.
- Injuries to staff should be reported to Occupational Health Service in order to seek advice on appropriate medical support.
- If there are concerns regarding Health and Safety regulations regarding violent incidents, reference should be made to 'Prevention of Violence and Intimidation at Work' Safe Working Procedure No. 28.

### **Risk Management in schools**

Headteachers and the Governing Board can seek advice from the SCC Corporate Health and Safety Unit regarding the issues of risk management in schools.

### **Other Physical Contact**

In line with DFE guidance July 2013 on reasonable force page 6, Bitterne CE Primary School does not adopt a 'no contact' policy. 'There is a real risk that such a policy might place a member of staff in breach of their duty of care towards a pupil, or prevent them taking action needed to prevent a pupil causing harm.' Staff are advised to avoid any physical contact if a situation arises where they find themselves on their own with a child.

Page 8 states; 'There are occasions where physical contact, other than reasonable force, with a pupil is proper and necessary'. However, staff should be aware of the context of how and when this contact takes place to limit the risks that it could be mis-interpreted by the child or others. Where a staff member is concerned, that their actions could have been misinterpreted, based on how the child reacted, they should always tell a member of SLT before leaving work on that day and then CPOM.

The Intimate Care Policy should be read alongside this guidance on appropriately dealing with intimate care situations.

Examples where contact with a pupil might be proper and necessary:

- Holding the hand of the child at the front/ back of the line when the class is moving around school or when walking together around school or on an offsite visit;
- When comforting a distressed pupil, however offering a hug would not be appropriate;
- When a pupil is being congratulated or praised;
- To demonstrate how to use a musical instrument;
- To demonstrate exercises or techniques during PE lessons or sports coaching;
- To give first aid.

### **Time out and Supervised withdrawal**

On occasion, pupils will be supported to calm and take time out in a 'safe place'.

Under no circumstances will a pupil be left alone and a member of staff will always be in the immediate vicinity or observing using supervised withdrawal.

The legal position in the use of Time out (referred to as Break Out Rooms) for the purpose of calming pupils is held in "Guidance for Restrictive Physical Interventions" Department of Health (2002) and 7 the DfE document Behaviour and discipline in schools: Advice for Headteachers and school staff February 2014

#### Procedures for Supervised withdrawal (SW)

- Supervised withdrawal can only be used after all de-escalation strategies have been used and a further intervention is needed.
- In line with the pupil's state of anxiety, the pupils can be supported to a place of supervised withdrawal (A room/space where the pupil can move around)
- The pupil can be left to calm, with a staff member in the vicinity and observing constantly.
- Visual or verbal (child dependent) calming strategies and timers should be shown to the child so there is a clear ending to the withdrawal period.
- The supervised withdrawal and any escort to supervised withdrawal are recorded on CPOMS and the time/reason for that the supervised withdrawal. (If a physical intervention is used to move the pupils safely e.g. escort for transition, this is recorded on an RPI form and parents informed, as per usual procedure).
- Each incident of supervised withdrawal must be logged on CPOMS and an ABCC form completed to give the context prior to the new for SW
- Supervised withdrawal is detailed on the pupil's behaviour plan

#### Complaints

If a child and /or his/ her parents wish to make a complaint about restrictive physical intervention used by a teacher or any other authorised person, they can complain to the head teacher in the first instance (or the Chair of Governors, if the head teacher is the subject of the complaint). The head teacher will seek advice from HR and the matter will be investigated under the relevant disciplinary procedure. Complaints will be dealt with in line with the school's complaints policy.

#### Monitoring and Evaluation

The DHT will monitor all RPI records and complete a report to governors termly.

The school will review this Policy annually and consider the evaluation questions below when doing so.

Were all incidents of RPI carried out and recorded as per the policy?

Do records show clear use of ongoing de-escalation before any physical intervention?

Has the school analysed patterns of RPI (children/ adults involved. Dates/ times etc) and have staff been debriefed on what can be learned to avoid RPI in future (eg understanding triggers ABCC or changes to provision)?

Are staff appropriately trained to implement this policy effectively and understand their roles and responsibilities in terms of physical intervention?

#### APPENDIX 1



**Bitterne CE Primary School**



## RESTRICTIVE PHYSICAL INTERVENTION (RPI) RECORD

<b>1</b>	<b>RPI Number</b>		
<b>2</b>	<b>Pupil Details</b>		
Forename:		Class:	
Surname:		Year Group:	
Age/DOB :		Child looked after (Y/N):	
Local authority	Southampton or Hampshire		
<b>3</b>	<b>Incident Details/RPI</b>		
Date:		Start time of RPI:	
Location:		End time of RPI :	
Lesson:		Duration of RPI:	
<b>4</b>	<b>What was happening in the environment before the incident occurred?</b>		
<b>5</b>	<b>Behaviour (Factual report)</b>		
<b>6</b>	<b>Medical check and injuries</b>		
Medical check carried out by (initials)		Pupil (Yes/ No):	
		Staff (Yes/ No):	
Brief description of any injuries: (See HS2/medical log for further details)			



**Bitterne CE Primary School**  
**RESTRICTIVE PHYSICAL INTERVENTION (RPI) RECORD 2017/18**



7 Team Teach trained staff involved in physical intervention			
Name:		Name:	
Name:		Name:	
Name:		Name:	
Informed Observer(s): (Team Teach trained)			
8 Reason for Physical Intervention			
Overall level of risk: (Please tick)	High	Medium	Low
Risk of injury to staff / student			
Other students liable to injury			
Property about to be damaged/being damaged			
Good order compromised			
Student trying to abscond			
Significant disruption to others education or well being			
9 De-escalation Techniques used (Please tick)			
Advice / Support		Touch	
Firm clear directions		Calm talking / stance	
Negotiations		Time out	
Limited choices		Reminders about consequence	
Distraction		Other:	
Planned ignoring		Other:	
10 Physical Intervention strategies used (please tick)			
OTHER		ESCORTS	
Caring C escort		Single elbow (1 person)	
Wrap standing		Single elbow (2 person)	
Seated or floor (T) wrap		Single double elbow (1 person)	
Half Shield standing		Figure of 4 (2 person)	
Wrap help with legs		Double elbow (2 person)	
Other			
<b>If other hold <u>or</u> escort to seated, please describe</b>			
11 Information shared (Please initial)			
Parents / carers (by whom and how)			
Social worker		Medical staff (who)	
Police		Local authority	
Chair of Governors		Other:	
12 Supporting records completed			
Incident log (sleuth)		Racial incident form	
Accident form HS1		CP form (body map)	
Violent incident form HS2		RIDDOR report	



**Bitterne CE Primary School**  
**RESTRICTIVE PHYSICAL INTERVENTION (RPI) RECORD 2017/18**



<b>13</b>	<b>Why do you think this action was in the best interest of the pupil? (REASONABLE, PROPORTIONATE AND NECESSARY)</b>						
<b>14</b>	<b>How can we reduce the likelihood of need to physically intervene in the future?</b>						
Date of most recent Behaviour Plan (RPI):							
<b>15</b>	<b>Do you feel you require further training or support?</b>						
<b>16</b>	<b>RPI reported to (tick)</b>						
Head		D. Head		A. Head		Senior Leader	
<b>Signed: (staff member reporting/completing form)</b>							
<b>Designation/Post held:</b>							
I confirm that I have read this form. Signed (Team Teach lead trainer):							
I confirm that I have read this form. Signed (Head teacher):							

**This is a restricted form. Please seek permission from the Head of the establishment before sharing the information contained in the form.**

## RISK ANALYSIS FORM

Name of Pupil: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_ Date of Risk Analysis: \_\_\_\_\_

RISK IDENTIFICATION			RISK ANALYSIS*		PRIORITISATION			RISK MANAGEMENT		WHO/WHEN
There is a risk that ...	Where	When	Likelihood A – E	Impact 1 - 5	High	Medium	Low	Precautions already taken	If further action needs to be taken – complete Form 'B' ACTION PLAN	
1.										
2.										
3.										
4.										
<b>Other Agency Involvement Currently:</b>										
<b>Form Completed In Liaison with:</b>										
<b>Shared with:</b>					<b>Head Teachers' Signature</b>			<b>Review Date:</b>		
								<b>Review Group:</b>		

\* LIKELIHOOD: 'A' Very High; 'B' High; 'C' Significant; 'D' Low; 'E' Very Low

\* IMPACT: '1' Catastrophic; '2' Critical; '3' Significant; '4' Marginal; '5' Negligible

## Guidelines for Physical Intervention Bitterne CE Primary

All colleagues must follow the Physical Intervention policy.

### **De-escalation techniques and strategies to be used in the first instance.**

If a Securicare colleague is needed in a possible situation, they must use de-escalation strategies. This is 95% is the Securicare training- the aim being to avoid any restrictive physical intervention.

De escalation will sometimes involve keeping quiet, when they cannot think of anything helpful to say, rather than inflaming the situation or following the agreed script (see below.)

In all cases refer to the behaviour response plan for each child.

### **Examples of de-escalation techniques**

- Firm clear directions
- Negotiations
- Limited choices
- Distraction
- Planned ignoring
- re-assuring physical contact
- Calm talking/stance
- Time out
- reminders about consequences

For example you will speak in a **calm**, reassuring way and use the following **script**:

- Child's name
- I can see that...
- I am here to help...
- Talk and I will listen.
- Come with me and we can...

### **De-escalation approaches**

Remember not to discuss with your colleague what has happened over the top of the child as this could inflame and aggravate the behaviour that you are trying to calm.

It may be necessary to swap with the adult who has been working with the child, so that the child and adult can calm separately. This does not mean that the adult leaves, however they are to remain at a distance. They are the child's 1:1 support; you are there to calm the situation. They will need to prepare a calming activity.

Once the child is calm then the adult will need to re-integrate and discussion can be held with the child at a later time about the unacceptable behaviour. Remember that some children take a long time to calm on the 6 stages of crisis. and can spike up again quickly, if discussions are held to quickly after the incident.