



# HILL VIEW SCHOOL

Policy Name:

**Policy and Procedure on Use of Physical Intervention  
featuring Safety Intervention (CPI)**

Policy reviewed and adopted by LSC	
Review Frequency	Annually
Last Reviewed	
Next Review	
Responsible	Headteacher

## **MONITORING AND REVIEW**

TOPT and Hill View School will undertake a formal review of this policy for the purpose of monitoring and of the efficiency with which the related duties have been discharged, by no later than one year from the date of approval shown above, or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.

The local content of this document will be subject to continuous monitoring, refinement and audit by the Headteacher.

## **LEGISLATION AND REFERENCES FOR FURTHER GUIDANCE**

The purpose of this policy is to ensure that, as far as reasonably practicable, the safety of all employees, learners in our care, visitors and any other individuals who may be affected by people handling activities, are safeguarded through compliance with relevant legislation, including:

- The Health & Safety at Work Act (HSWA; 1974)
- The Management of Health & Safety at Work Regulations (MHSWR; 1999)
- Manual Handling Operations Regulations (MHOR; 1992, as amended 2002)
- Lifting Operation & Lifting Equipment Regulations (LOLER; 1998)
- Provision & use of Work Equipment Regulations (PUWER; 1998)
- Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (RIDDOR; 2013)
- Human Rights Act (1998)
- Use of reasonable force Advice for headteachers, staff and governing bodies
- Positive environments where children can flourish
- CQC Brief guide: restraint (physical and mechanical)
- Positive and Proactive Care: reducing the need for restrictive interventions
- Regulations 2015 (the 2015 Regulations)
- Guidance on the Use of Restrictive Physical Interventions for Staff Working with Children, Young People and Adults who display Extreme Behaviour in Association with Learning Disability and/or Autistic Spectrum Disorders (2002)
- Restrictive Physical Interventions for Learners/Students with Severe Behavioural Difficulties (2002)
- BILD Code of Practice for the use and reduction of restrictive physical interventions - here
- Thematic review of the use of restraint, prolonged seclusion and segregation for people with mental health problems, learning disabilities and/or autism - here
- Reducing the Need for Restraint and Restrictive Intervention (2019)
- Restraint Reduction Network Training Standards (April 2021)

## **INTRODUCTION**

This policy should be read in conjunction with Relational Behaviour Policy.

Physical touch is an essential part of human relationships and staff working with children and young people may be required to have physical contact with the children and young people they are caring for. There are occasions where it is entirely appropriate for staff to have some physical contact with the children and young people for whom they are teaching. However, it is crucial that in all circumstances, staff only touch children in ways appropriate to their professional or agreed role and responsibilities. Touch can be used to facilitate relaxation or enable the child or young person to enjoy a positive emotional experience when in the sensory setting.

Touch is defined as any physical contact between two or more people and may include the use of objects e.g. to demonstrate how to use a specific equipment, where 'hand over hand prompting' support is required or another appropriate form of physical contact identified in the learners PLP.

This policy recognises the positive use of physical contact, as staff are likely to experience many different scenarios involving physical contact (from light to firm pressure touch) with children and young people. When touch is used in context and with empathy and due regard for the learners dignity, it can be a means of providing care, comfort, communication, reassurance and safety.

This policy deals with the principles of restrictive and non-restrictive practices (i.e. holds and disengagements) based on the Crisis Prevention Institute (CPI) 'Safety Intervention'. It is used with the learners in our care by staff at Hill View School.

This policy outlines the legal requirements and the practical procedures that Hill View School follows to ensure the safety of learners, staff and visitors to our locations.

It is recognised that within Hill View School there are children and young people for whom physical interventions may form part of a range of strategies required to meet their needs and to ensure the safety of others. These strategies must be used only once the relevant de-escalation strategies have been exhausted.

Staff may need to use the opportunity for structured play to teach boundaries and concepts. Touch may be used as a planned approach, in accordance with individual child's/young person's plans.

This policy has been written with due regard to Local Authority's policies relevant to the Hill View School, the updated non-statutory advice from the Department for Education 'Use of reasonable force' from July 2013 and the Children's Homes Regulations 2015.

This policy applies to all staff working at Hill View School as well as being engaged in off - site activities.

## **CPI SAFETY INTERVENTION PROGRAMME**

This policy features CPI Safety Intervention Programme. This programme is a Crisis behaviour management system designed as a safe, non-harmful approach to assist staff in the management of a wide range of crisis, distress, disruptive, challenging, aggressive, and violent behaviours, including the most acute behavioural disturbances and high-risk behaviour. The focus is on verbal and non-verbal de-escalation, prevention, and early intervention.

### **PURPOSE**

To maintain the safety of the individuals, other children/young people, the staff working with them and others.

To ensure all staff understand the circumstances in which physical intervention is used with learners in our care, treat all individuals with dignity, courtesy and respect. Recognising psycho-social factors that may impact on individuals, such as:

- Social support
- Loneliness
- Social disruption
- Bereavement
- Work environment
- Social status
- Social integration

To ensure the term 'physical' doesn't necessarily mean 'negative physical contact e.g. supportive/therapeutic touch'.

To clarify the procedures that should be followed to ensure that where physical intervention is used, the techniques are safe and appropriate to the situation.

To ensure that all adults working with the learners are clear about their roles and responsibilities, in order that their own rights, and those of the learners in their care, are protected.

To ensure that staff who are likely to face situations in which physical intervention may be necessary, are trained appropriately and understand the procedures to be followed in planning, applying and reviewing the use of physical intervention.

To authorise staff using a physical intervention that is 'necessary and proportionate' when managing challenging behaviour.

To ensure that Hill View School comply with all the relevant current legislation and other National Standards which govern this area of our work.

To support and encourage best practice, increase the use of successful de-escalation and thus reduce the need for physical intervention to be used.

Any physical intervention is applied as a last resort after all other options have been exhausted to ensure the safety of the learner or others.

## **POLICY**

Not only those with parental responsibility, but all practitioners responsible for care and support and, as far as possible, the learner themselves, will be involved in the planning, monitoring and review of the strategies identified to address crisis and distress behaviour, including the use of physical intervention.

At all times our collective aim should be to seek to reduce

- the necessity for physical intervention
- the frequency of use and;
- when needed, the intensity and the level of intervention. (Refer to Restraint Reduction Network training standards). More information about Hill View Schools commitment to Restraint reduction can be found in the Appendix.

Specific arrangements for a learner will be recorded in their PLP. Physical intervention is only one of a number of examples of physical contact as set out below:

- Intimate care - care which involves contact or proximity to sensitive areas, (e.g. washing, bathing, changing, cleaning, assisting with menstrual management and some medical procedures);
- Communication - to function as the main form of communication or to encouraged different forms of communication, e.g. when using Intensive Interaction;
- Prompts and guides – as part of teaching, to gain attention or direct movement when guiding children and young people between different areas of the building and the site;
- Therapy - e.g. massage, sensory stimulation recommended by a therapist and provided by a trained staff member;
- Play – learners at early levels of development (regardless of chronological age) are likely to be quite tactile and physical in play;
- Reassurance and comfort – touch can be used to communicate positive emotions, security and comfort (e.g. side-hug) to calm and reassure a distressed child/young person;
- Physical support – service for children and young people who may have physical difficulties (e.g. transfers in and out of wheelchairs, using a hoist or slide sheet, helping to hold objects),
- Physical Intervention/Restraint – in response to crisis or distress behaviour it may occasionally be necessary to employ the use of Restrictive Physical Intervention, but only as a last resort.

## **PHYSICAL INTERVENTION (RESTRAINT)**

The definition of Physical Restraint from Reducing the need for restraint and restrictive practice non statutory guidance 2019 is: 'Physical restraint is a restrictive intervention involving direct physical contact where the intervener's intention is to prevent, restrict, or subdue movement of the body, or part of the body of another person'.

CPI's Safety Intervention training defines restraint as 'the use or threat of force to help do an act which the person resists, or the restriction of the person's liberty of movement, whether or not they resist'. This definition is also consistent with Mental Capacity Act 2005 definition of restraint.

Within the Safety Intervention programme touching, holding or physical restraint skills (physical interventions) are used as a last resort to manage risk and qualitatively differ in degrees of restriction in terms of perception and application of intent.

In an emergency situation, interventions may be used in accordance with guidance in the BILD Code of Practice for Interventions using the relevant Safety Intervention.

A learners PLP identifies the specific intervention that will be sanctioned for use, and under those which may not be used under any circumstances. Where appropriate, a Safety Intervention trainer can be called upon to refresh the team on specific skills.

The Safety Intervention model consists of the following interventions 'physical holding and disengagement/emergency responses':

- Safety Intervention Holds form a hierarchy of restriction (low, medium and high). This hierarchy ranges from the least restrictive intervention that allows staff intervening to prompt and guide the learner; to an intermediate restriction that allows movement whilst being held; to the most restrictive intervention whereby all movements are limited.
- Safety Intervention Disengagements/Emergency Responses: use a physical intervention to gain a release from a holding situation whilst minimising pain or injury in situations in which the behaviour has been assessed as a low, medium, high.

The principles of Safety Intervention will include:

- Low, medium and high-level restriction in a seated position
- Low, medium and high-level restriction in a standing position and transitions
- Third person holding in a seated and standing position
- Floor Transitions (Advanced Skills)
- Emergency Floor Holding (Supine only) (Advanced Skills)

No physical interventions should be intended to cause pain or harm and the risk of causing accidental harm should always be minimised.

All restrictive interventions should be used for the shortest time possible and use the least restrictive means to meet the immediate need based on guidance from the Department of Health - Positive and Proactive Care (Legislation and references for further guidance).

Staff need to use their professional judgement about how best to respond to a situation and each circumstance can only be viewed on a case-by-case basis. The Headteacher and SLT will use effective analysis to ensure any of the situations described above are explored and steps taken to prevent those from happening again.

A measure of physical intervention/restraint may only be justified in the following 3 circumstances:

- Risk of injury to self
- Risk of injury to others
- Serious Damage to Property of any person (including the child/young person)

Physical Intervention/Restraint in relation to a child/young person must be necessary and proportionate.

Separate advice for Head teachers is available in 'Use of Reasonable Force – advice for school leaders, staff and governing bodies'.

In a school, members of staff have the power to use reasonable force to prevent learners committing an offence; injuring themselves or others; damaging property, or to maintain good order and discipline in the classroom. More information about what is a reasonable force, who can use it and when - can be found on SharePoint.

The Opt out sequence should be used as soon as a situation is brought under control, steps should be taken to decrease the intensity of any restrictive intervention as the learner calms and is able to take more control of their own behaviour.

Staff should not intervene in situations of risk without the presence of another adult, except in exceptional circumstances where the risk of not intervening outweighs the risk of intervening. Staff ratio would be based on a risk assessment of individual Children's/young people's needs.

Any individual member of staff using a specified physical intervention must have been trained in the use of that intervention. The only exception will be where the Emergency actions for safety can be justified because of the level of risk posed to themselves or others.

There may be occasions where the situation presents such a high level of risk that no direct intervention is considered safe or appropriate. In such circumstances it will be necessary to call in outside agencies such as the Police. This is particularly important in situations where a learner has some form of weapon that increases the risk of harm being inflicted.

All staff, as authorised by the Headteacher, that are trained to do so have statutory power to use physical intervention which is reasonable and proportionate, recorded and can be explained.

All staff working with Hill View learners are trained in Safety Intervention strategies – please see training appendix.

## **PROCEDURES**

The importance of prevention and restraint reduction

Within Hill View School all learners will either have a PLP which incorporates behaviour support. This is a personalised framework used to identify and address any challenging behaviour which cannot be prevented/supported through Hill View universal strategies to behaviour support. All behaviour support plans follow the same format of proactive, active and reactive strategies, enabling a consistent approach to behaviour support for every individual.

The function of a behaviour support plan is to identify the antecedents (the things that contribute towards) of particular behaviour, and to provide staff with relevant information on how to recognise and address the early signs of crisis in order to de-escalate potential incidents and avoid the need for physical intervention/restraint. All the strategies identified in the behaviour support plan should be used to minimise the use of unnecessary physical intervention.

## **APPLYING PHYSICAL INTERVENTION/RESTRAINT**

Staff use CPOMS to report and record physical interventions, in accordance with our Child Protection and Safeguarding Policy and Relational Behaviour Policy.

All staff will be informed and trained by CPI in house trainers. This will involve:

- Explanation as to how this policy will be implemented
- Who is responsible for implementation and monitoring of that process
- What records need to be kept and how long for
- Any sanctions for staff not following policy e.g. disciplinary
- Supporting documents such as forms, posters, guidance that should be used etc.

SLT will ensure that all staff have read this policy. The staff member's application of this policy and procedure will be reviewed on an on-going basis.

## **SPECIAL CONSIDERATIONS**

There are certain circumstances which must be fully analysed, understood and thoroughly recorded, so that the relevant plans can be reviewed and where



appropriate steps taken to prevent such:

- Periods of physical intervention that are of unusual length e.g. a learner being routinely held for more than 10 minutes.
- High numbers of staff involved in an incident, which goes above recommended levels for each level:
  - Safety Intervention Foundation level; minimum 1 and maximum 2 staff carrying out the intervention with 1 or more witnesses/auxiliary members present,
  - Safety Intervention Advanced level; minimum 3 and maximum 5 staff carrying out the interventions with 1 or more witnesses/auxiliary members present.
- Situations that are escalating, with restraint being used more frequently.
- Restraint practices becoming the norm/being applied universally or indiscriminately.
- Individuals sustaining injuries.
- Repeated incidents or patterns of behaviour that are easily identifiable.
- Incidents that involve the intentional use of equipment to physically restrict children with or without staff being physically present (e.g. safe space beds, a wheelchair, reins or a safety harness or a seatbelt).

If any of the above examples have taken place it must be fully evidenced why these were the best or the only solutions at the time, how the action was proportionate to the circumstances and how the child's rights were respected. All Incidents should then be recorded on CPOMS.

## **THE CONTEXT OF SECLUSION**

The MHA Code of Practice defines seclusion as 'the supervised confinement and isolation of a patient, away from other patients, in an area from which the patient is prevented from leaving, where it is of immediate necessity for the purpose of the containment of severe behavioural disturbance which is likely to cause harm to others'. Only Health Practitioners in charge of patients' treatment under Mental Health Act can authorise seclusion of those who are detained.

### **At Hill View School seclusion is not permitted.**

At times it may be necessary for a child/young person to spend some time away from their peers or from any stimulus or triggers in order to help them to self-regulate before they are ready to safely re - engage again. Staff must look at various ways in which a child/young person is separated from others (for example: if the child/young person continues to pose a significant risk to the safety of others), and use different ways of managing the situation, ranging from providing an increased level of support, helping the child/young person to transition to a quieter part of the classroom or transitioning outside of the classroom as this may provide staff with a greater flexibility and opportunity to re-engage with the child/young person. Hill View School will also

ensure the health and safety of children/young people and any requirements in relation to safeguarding and learner welfare.

The context of Seclusion / isolation rooms in schools is explored in *Behaviour and discipline in schools - Advice for Head teachers and school staff* which suggests schools could adopt a policy which allows disruptive learners to be placed in an area (an isolation room) away from other learners for a limited period. It says use of this strategy as a disciplinary measure should be clearly stated in the school's behaviour policy. The advice adds that only in an exceptional circumstance should any use of isolation that prevents a child from leaving of their own free will be considered. It is not clear what those exceptional circumstances are, as the context of the use of isolation is disciplinary rather than safety. There is no clear guidance as to how isolation should be managed by education staff, and this is dangerous. Some students (with and without learning disabilities) are likely to feel secluded even if they are not locked in - as a threat or the presence of staff outside the door may be enough to keep them from leaving of their own free will. There is a clear risk in some circumstances within schools that isolation can become seclusion and schools must act lawfully. We maintain that seclusion must not be used by Hill View School staff.

Furthermore, The SEN Code of Practice (2015) advises that reasonable adjustments should be made to ensure that expectations of students with disabilities are developmentally appropriate and fair. It would not be fair, for example, to isolate a child with ADHD or other special needs because they were not able to sit still when required to do so.

## **RESTRICTIONS ON CHILDREN'S LIBERTY**

Use of any restrictions on a learners movement and/or the use of intrusive observations will be carefully considered and questioned where appropriate. SLT should know and check what has been done and what else has been tried, that the practice is kept under review and that steps are taken to find a less restrictive approach wherever possible. In many circumstances, a learners needs change over time. All staff need to recognise that and consider what the least possible restrictions are to keep an learner safe.

There are various types of restrictions such as those mentioned in earlier in this policy, which in certain circumstances may suggest that a learner has had their liberty restricted. Other forms are: Locking a door, leaving alone a disabled individual who cannot move independently, use of high door handles so that learners cannot leave the room without staff support. However, on some occasions, learners may find that time on their own is a positive intervention at times of distress, but these interventions should be used sparingly and the situation must be managed sensitively. It also needs to be remembered that some restrictive interventions can form part of a child's and young person's education, health and care plan.

## **REPORTING AND RECORDING**

Hill View staff have a legal duty to report any matter in which safety is compromised. Any physical violence directed towards staff or others needs to be reported and recorded even if individuals feel able to tolerate different levels of aggression.

Reporting of incidents enables incidents to be reviewed so that in the future preventative measures can be put into place to avoid the continuation or escalation of aggression. It also addresses the need of learners to develop more appropriate behaviours in response to difficulty.

Staff must record any incident on CPOMS.

The use of physical or restrictive intervention needs to be reported to SLT via CPOMS and recorded as soon as possible after the event and definitely by the end of the working day. There may be a need at a later stage to demonstrate that decisions about the intervention used were appropriate, given the circumstances.

Information must also be entered to allow analysis of trends and themes which will assist the team working with the learner.

Staff must record as much information about the incident as possible, as outlined on CPOMS. CPOMS replaces the need for a bound book at Hill View School.

There are particular aspects in relation to the use of physical interventions which the Headteacher and SLT will consider:

- How does the recording influence practice within Hill View School?
- How trends and patterns about learners, individual staff and groups of staff being monitored?
- How the views of learners, including those who communicate non-verbally are taken into consideration?

## **THE IMPORTANCE OF DEBRIEFS**

Within a reasonable time following a physical intervention, both the staff and learner should be given opportunities to share what has happened. These must be separate opportunities and ideally, those should take place in a calm and safe environment where each can reflect on the situation and learn from it.

De-briefs of staff member must take place within 48 hours of the incident. Staff debrief is a structured conversation with someone who has just had a stressful or traumatic experience. When conducting a debrief session with the staff member(s) the meeting must be a supportive nature.

Where incidents included the use of physical intervention in which the staff member

was involved, this must also be discussed in staff supervision as part of reflective account. This should support the review of practice and trigger further recommendation around the necessary changes in relation to risk assessment process and behaviour support, should it be required.

De-briefs of a learner care must take place within 5 days of the incident. The purpose of the debrief session with learner is to reflect on what has happened during the incident and the behaviour displayed by the learner in order to assist them in adapting their behaviour in the future. This can be supported by the use of visual aids where necessary. Due to the nature of a learners needs it may not be possible for all Hill View learners to successfully access a de-brief and only in the few circumstances will it be clearly recorded within the learners plan of care or the PLP as to the reason why this is not useful to them.

### **ACCIDENT AND INJURY ASSOCIATED WITH PHYSICAL INTERVENTIONS**

Learners who receive a restrictive physical intervention should be routinely assessed for signs of injury or physical or emotional distress. Such assessments need to take into account their ability to recognise and communicate their response to harm. Any necessary medical examination must be carried out by appropriately trained staff.

A Body Map Record must be used to record any bruising or marking caused as a result of physical intervention, including the context in which the bruising occurred. Staff are to use the body map within CPOMS. Any injuries reported by the learner must also be recorded, whether or not there are visible marks. It is also suggested that where possible any injuries are given an actual time of when injury occurred.

Parents/guardians and/or social workers must be informed of any injury within 24hrs unless there is other specific agreed timeframe. In the case of Children/Young people who are Looked After it is essential that the social worker is informed without a delay, ideally within the same timescale.

Any physical intervention can result in positional asphyxiation. Therefore, health monitoring will be in place during and after the event and recorded as required (24 hour blocks as needed). An additional monitoring may also be triggered by a Health Professional. There could be various reasons for the additional monitoring, some may include: duration or the intensity of the hold, possible injury or unexpected emotional or physical response during a hold. Each case should be assessed individually and medical attention sought regardless of the additional monitoring taking place.

An accident form must be completed on CPOMS for any accident or injury sustained to any party as soon as possible following the incident and the record must clearly state whether the injury was as a result of the incident or any intervention carried out.

In the case of any injury to an individual, appropriate records must be added by first aid trained staff.

## **COMPLAINTS**

All complaints should be dealt with under the Trusts Complaints Policy and the Whistleblowing Policy.

## **STAFF TRAINING**

All staff who will be required to employ restrictive physical interventions should have Safety Intervention (CPI) training (foundation level or foundation and advanced level depending on the need of the individual) and should only, except in emergencies, employ those physical interventions for which they have had training. It is required that all staff are trained with Safety Intervention at the start of employment during their induction period and are provided with the annual refresher, to ensure that staff retain their skills and remain confident in their ability to support the learners in our care to manage their behaviour.

An up-to-date record of the training that staff have received, including refresher training, is maintained by the Senior Office Admin and held on Arbor. In line with Hill View School's ethos it is important that any training promotes a preventative methodology (Restraint Reduction Network Training Standards) and emphasises that physical and restrictive interventions should be used as a last resort.