

The Federated Schools of the Upper Afan Valley



Physical Restraint Use of Reasonable Force

Policy Adopted:	06.06.16	
Review Cycle:	Annually	
Signed:	<i>M. Goodridge</i> (Chair of Governors)	
Review Dates:		Signed:
		Signed:

FOREWORD

This document should be read in conjunction with the WAG Document 'Framework for Restrictive Physical Intervention, Policy and Practice' and the NPT LEA 'Policy on the use of Physical Interventions.' They have been written to make explicit the expectations that 'Neath Port Talbot LEA' has of school staff and those responsible for their training. Staff acting in good faith, working within these guidelines and protocols will be positively supported in their actions.

Both pupil and members of staff have rights. This document attempts to ensure that staff have a safe, supportive, carefully managed and monitored environment and that pupil's needs, safety and rights are respected and nurtured.

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School Policy on Care and Control and the use of Force

1.0 Policy Statement

- 1.1 This policy is based on WAG Guidance '*Framework for Restrictive Physical Intervention Policy and Practice on the use of Restrictive Legislation*' within Circular 3/99 and the 1996 Education Act.
- 1.2 At the Federated Schools of the Upper Afan Valley we work to ensure each individual pupil is able to reach his / her full potential. Every pupil is entitled to learn and every teacher free to teach in an environment that is safe, secure and free from disruption. The guiding principles to achieve this should be established in this Unit's policy on positive behaviour management.
- 1.3 Members of staff are committed to providing the highest standards in protecting and safeguarding the welfare of the pupil entrusted to its' care. We recognize there is a need, in line with the 1996 Education Act, Section 550A, to intervene when there is an obvious risk of safety to the pupil, the staff or to property.
- 1.4 For the most part, this is achieved through the development of good interpersonal relationships as well as the normal application of positive behaviour managements to support and intervene. However, in exceptional or extreme circumstances this may involve the use of reasonable force.
- 1.5 It should be emphasized that is used at all, restraint (referred to throughout this document as positive handling) should be seen in the context of a further positive action of care and concern. In line with the WAG advice, and guidance, it will always be used as a '*last resort*' option and in the most extreme cases other strategies will always have been attempted first.
- 1.6 As best practice regarding positive handling, this policy should be considered alongside other relevant policies, held by Cymer Afan Comprehensive, specifically those involving behaviour, health and safety and safeguarding the pupil.

2.0 What is the Legal Use of Reasonable Force to Control Pupils?

- 2.1 Teachers and other persons authorized by the Headteacher, to have charge of pupil, may use reasonable force to prevent pupil:
 - Causing injury to themselves or others

- Committing a criminal offence (including behaving in a way that would be an offence if the pupil was not under the age of criminal responsibility)
- Causing serious damage to property
- Causing disruption by engaging in behaviour which is seriously prejudicial to good order and discipline

2.2 Reasonable force has no legal definition but:

- Staff must take into account the circumstances of the incident, as well as the age, sex and personal development of the pupil
- The degree of force must be proportional to the seriousness of the situation, behaviour or consequences that it is intended to prevent. It must always be the minimum force needed.
- Force can not be justified for a trivial misdemeanour or a situation that could be resolved without it
- Everyone has the right to self-defence, provided they do not use a disproportionate level of force
- Corporal punishment is illegal and must not be used under any circumstances.

3.0 **Objectives of the Policy.**

3.1 To provide all members of staff, governors, parents and pupils with an understanding of care and control and the use of force

3.2 To emphasise that the use of positive handling is:

- Part of a positive care and control approach to discipline and welfare
- A last resort or a necessary expedient option to be used in extreme circumstances.

3.3 To ensure that all members of staff or authorized personnel who may have to positively handle pupil, clearly understand the options and strategies open to them.

4.0 **Who Can Use Reasonable Force?**

4.1 It is recognised that for most of the time, positive handling will be used infrequently, that is as a last resort to keep the pupil, the environment and everyone around them safe.

4.2 All teaching staff are, by the nature of their roles, authorized to use positive handling, where appropriate.

4.3 Non-teaching staff require specific authorization. This authorization can only be given by the Head-teacher or someone deputizing in his absence.

4.4 Authorised staff will need to be notified formally. A list of authorised staff is available.

5.0 Circumstances When Reasonable Force Might Be Appropriate.

5.1 It is recognised that there are pupil who may not be able to control their reactions to certain events or situations and may, through their behaviour, place themselves or others at risk of harm through their uncontrolled behaviour. As indicated in 2.1, reasonable force might be appropriate when:

- Action is taken in self-defence or because of imminent risk of injury. For example: -
 1. A pupil who attacks a member of staff, another pupil, attempts to self-harm or is involved in a fight.
 2. A pupil running along the corridor or downstairs in a way that could cause harm to others or themselves.
 3. A pupil who is deemed to be vulnerable or 'at risk' absconds from the classroom or tries to leave school.
- There is a serious and developing risk of damaging property including that of the pupil. For example:
 1. The pupil who is or about to cause serious, deliberate damage or vandalism.
 2. The pupil is causing (or is at risk of causing) injury or damage by accident, due to rough play or misuse of potentially dangerous objects or materials.
- Where the pupil's behaviour is seriously prejudicial to good order and / or discipline. For example:
 1. A pupil persistently refuses to obey a request / instruction to leave the classroom.
 2. A pupil who is behaving in a way that is seriously disrupting a lesson and stopping other pupil from learning.

5.2 Wherever possible, early support from colleagues will be sought. Single-handed intervention increases the risk from injury to both the adult and the pupil. It also doesn't provide the person who is intervening alone with the support of a colleague who can act as a 'critical friend.'

5.3 Strategies other than force should be considered. For example:

1. Providing the disruptive pupil with a choice of locations to exit
2. Giving clear directions
3. Allowing 'take-up' time thus allowing a 'face-saving' opportunity

4. Remove the audience, i.e. take the rest of the group away, leaving the pupil to calm down
5. Implementing Team Teach helps protocols so that another member of staff takes over the strategic lead of the incident, if it is felt appropriate to do so.

6.0 Procedures and practical considerations during specific incidents

6.1 Wherever practical, members of staff are expected to:

- Use a calm and measured approach
- Tell the pupil to stop, remind them of the consequences and tell them what will happen if he/she does not stop.
- Seek assistance from another colleague as soon as possible
- On becoming aware that another member of staff is intervening physically with a pupil have a responsibility to provide a presence and to offer support and assistance, should this be required.
- Try to avoid the confrontation by oral intervention, attempting to defuse the situation and preventing escalation
- Try to remove the pupil from their peer audience
- Attempt to communicate calmly with the pupil throughout the incident
- Assure the pupil that the reason for the intervention is to keep them their peers or possessions safe
- Make it clear that the intervention will stop as soon as the pupil calms down and the risk assessment indicates that it is no longer necessary
- If it is not possible to control the extreme pupil without injury to yourself or others. Remove the other pupils who may be at risk: summon assistance.

6.2 It is good practice to:-

- Give the impression that you are in control
- Give the impressions that you haven't lost your temper or are not acting out of anger or frustration
- Call for assistance as soon as it becomes apparent that physical intervention may need to be applied
- Intervene with the support of a colleague acting as a 'critical friend'

7.0 Applications of Force During Specific Incidents

7.1 Methods that staff **MAY** use in appropriate circumstances, where a risk assessment judgement supports this:

- Physically interposing themselves between pupil

- Blocking a pupil's path
- Using classroom furniture to restrict movement
- Leading by the arm
- Shepherding a pupil away by a light touch of the elbow or near the shoulder
- "Assertive Guidance" - remembering this is the positive application of force to control a pupil and would only be used in rare circumstances, e.g. if a pupil is in extreme danger and no other alternative is available, or where reasonable force is applied to assist a pupil's movement
- Holding - for security and to reduce anxiety where there is potential risk, even if the pupil is not yet out of control. The whole purpose of this is to defuse or prevent a (potentially) serious situation from escalating.
- When intervening staff should take care that their actions should in no way be capable of being interpreted as aggressive. All holds are devised to minimize the risk of injury. They should not cause pain.
- Where pupils are presenting with more challenging behaviour which may require more restrictive holds, it is vitally important that these techniques are carried out by appropriately qualified Team Teach staff in line with the Team Teach protocol.

7.2 Staff ***MAY NOT*** carry out action that might reasonably be expected to injure by:

- Holding a pupil around the neck, by the collar or in any other way that might restrict the ability to breathe
- Slapping, punching or kicking a pupil
- Twisting or forcing limbs against a joint
- Tripping a pupil
- Holding or pulling a pupil by the hair

7.2 Other considerations for ***NON-URGENT SITUATIONS*** where the risk to people or property is not imminent:

- Consider whether positive handling is the right course of action
- Try to deal with the situation through other strategies before applying force
- Try to defuse and calm the situation to establish good order, the use of positive handling could lead to an escalation of the problem
- Take into consideration the age, understanding and personal characteristics of the pupil
- Remember, the appliance of positive handling is likely to be increasingly inappropriate for older pupils
- NEVER use positive handling as a substitute for good, behaviour management

In non-urgent situations, force should only be used if / when all other methods have failed.

8.0 Reporting and Recording Incidents

- 8.1 If an injury occurs as a result of an incident at school, immediate steps must be taken to secure the appropriate medical attention. This must then be reported and recorded in accordance with the LEA policy.
- 8.2 All incidents that result in restraint (where a pupil has to be held in any way) must be recorded in detail using form R, or, if a positive handling Agreement is in place, then a record of the incident will be recorded and the agreement reviewed.
- 8.3 Restraint is “*the positive application of force with the intention of overpowering the client.*” (DOH 4/93, section 5.2). The Welsh Assembly Government guidance, (March 2005), defines the term “Restrictive physical intervention” as “*...direct physical contact between persons where reasonable force is positively applied against resistance, either to restrict movement or mobility or to disengage from harmful behavior displayed by an individual.*”
- 8.4 The member of staff concerned will report orally to the head teacher or senior member of staff as soon as possible. The incident must be recorded in the Incident Book by staff as the earliest opportunity.
- 8.5 Staff involved in such an incident may wish to seek advice from a senior colleague or their professional association when compiling a report. A written report should be completed within 24 hours of the incidence’s occurrence and should be signed and dated. Members of staff are advised to keep a copy of the incident report for their own records.
- 8.6 The Headteacher or deputy will inform parents / carers about the incident before the end of the school day. However, if parents cannot be reached then a letter will be sent to inform them of the incident and offer them the opportunity to discuss the matter.
- 8.7 Other witnesses to the incident (staff and pupils) will also need to complete reports. These too, will be signed and dated.
- 8.8 A log will be kept of any occasion when positive handling has been deployed, (except minor or trivial incidents).
- 8.9 When positive handling has been used and children held using techniques wrap, single/double elbow techniques or the shield, form R will also need to be completed and signed by the member(s) of staff involved. Reports will also be completed, signed and attached from other members of staff and pupils involved. The Incident Report will be signed by the

- Headteacher and the teacher involved and a copy sent to the appropriate line manager.
- 8.10 The Incident Book will be reviewed by the Headteacher and person responsible for SEN or Health and Safety on a termly basis, to consider control measures and possible training / further training needs.
- 8.11 A copy of form R will be placed in the pupil's file.
- 9.0 Debriefing, Following Serious Incident.**
- 9.1 Pupils and members of staff will be checked for any sign of injury and first aid / medical attention will be administered if required.
- 9.2 The pupil will be given time to become calm while a member (s) of staff will continue to supervise. When the pupil regains their complete composure, a senior member of staff will discuss the incident with him / her and try to ascertain the reason for it. The pupil will be given the opportunity to explain things from his/her point of view. All necessary steps will be taken to re-establish the relationship between the pupil and the member(s) of staff concerned. In cases where it isn't possible to speak to the pupil on the same day as the incident, the 'debrief' will occur as soon as possible after the pupil returns.
- 9.3 All members of staff will be allowed a period to debrief and recover from the incident. This may involve access to external support. A senior member of staff will provide support to the member of staff involved.
- 10.0 Other Procedure Concerning Incidents.**
- 10.1 If necessary and appropriate, the Chair of the Board of Governors, Link Advisor, Child Protection Officer will be informed / consulted.
- 10.2 Where possible, an attempt will be made to help the pupil modify their behavior.
- 10.3 Help, support and reassurance will be given, where appropriate, to any victims involved.
- 10.4 Where possible, the pupil should apologise. The apology made should be meaningful and appropriate. If this cannot be undertaken then other consequences / sanctions, reparations and / or monitoring should take place.
- 10.5 In extreme cases, exclusion could be considered.

11.0 Planning for Incidents and Meeting Training Needs.

- 11.1 If there is an awareness that a pupil could require positive handling on more than one occasion in a term, then a plan needs to be drawn up for the child using the Team Teach Protocols and guidance. This will include involving the parents to ensure they are clear about what specific action might be required and obtaining medical advice if the pupil has any specific health needs / issue. A risk assessment and a positive handling plan will be part of the pupil's entry plan and completed with all persons and agencies involved with the pupil, at the information exchange meeting. This will be reviewed at the regular, review meetings
- 11.2 Staff involved will, through risk assessment, have identified their training needs in this area. In cases where it is known / likely that a pupil will require positive handling, appropriate training will be provided.

12.0 Arrangements for Informing Parents / Carers

- 12.1 At the outset all parents / carers will be informed outlining its introduction with information about how they can obtain their own copy of this policy.
- 12.2 Thereafter, a section about the school's legal duty to maintain a safe environment and the positive use of positive handling (as a last resort) with pupils will be included in the unit's brochure / prospectus / report.
- 12.3 As indicated in 10.1, there are some pupils whose needs may require the repeated / regular use of specific techniques to routinely manage their behavior. This will be recorded in the IEP / IBP, Positive Handling Agreement or PSP. Such arrangements will be fully discussed with parents / carers, on a regular basis, before they are implemented (information exchange). All intervention will be routinely recorded and monitored.
- 12.4 Parents / Carers will be informed whenever a positive handling intervention has been used with their child.

13.0 Physical Contact With Pupils In Other Circumstances

- 13.1 Members of staff need to be sensitive to matter relating to culture, gender issues and any known individual characteristics or special circumstances relating to the pupil.

- 13.2 Some physical contact may be necessary, eg, during P.E. lessons, sports coaching, CDT or if a pupils requires first aid.
- 13.3 Young children and children with SEN may need staff to provide physical prompts.
- 13.4 Any physical contact **MUST** be age appropriate and done openly.

14.0 Complaints

- 14.1 This policy is in accordance with the WAG Guidance, March 2005, Circular 3/99 and Education Act 1996, 550A: as such, those acting in accordance with it, providing they act in good faith, working within the authority guidelines, will be positively supported in their actions.
- 14.2 Involving parents / carers when an incident occurs and having a clear policy about physical contact with pupils that members of staff adhere to will help to avoid complaints from parents / carers. Providing with appropriate training will also help.
- 14.3 In the first instance, all complaints will be recorded and followed up by the Headteacher or their designated representative. Where appropriate, the LEA will be notified / informed.
- 14.4 A complaint or dispute about the use of force by a member of staff might lead to an investigation under disciplinary procedures by the Police, under Child Protection Procedures.

15.0 Review

- 15.1 This policy will be regularly monitored by the Headteacher and reviewed and updated annually.

PHYSICAL INTERVENTION - POSITIONAL ASPHYXIA

(Deaths in and following restraint continue to occur in the UK in a variety of workplace settings. It is essential that all staff are made aware of the potential dangers associated with restraints, understand their mechanisms and can recognize their early steps).

Background

A number of adverse effects (including some deaths) have been reported following the application of restraints. These deaths have been attributed to positional asphyxia (asphyxiation resulting from an individual's body position). Adverse effects of restraint include being unable to breathe, feeling sick or vomiting, developing swelling to the face and neck and developing small blood-spots associated with asphyxiation (petechiae) to the head, neck and chest. This advice sheet serves to remind members of staff of the dangers of restraint and signs of impending asphyxiation.

Mechanics of Breathing

In order to breathe effectively, an individual must not only have a clear airway but must also be able to expand their chest, since it is this that draws in the air. At rest, only minimal chest wall movement is required and this is largely achieved by the diaphragm and the intercostal muscles between the ribs. Following exertion, or when an individual is upset or anxious, the additional oxygen demands of the body increase greatly. The rate and depth of breathing are increased to supply these additional oxygen demands. Failure to supply the body with the additional oxygen demand (particularly during or following a physical struggle) is dangerous and may lead to death within a few minutes, even if the individual is conscious and talking.

Positional Asphyxia

Any position that compromises the airway or expansion of the lungs may seriously impair an individual's ability to breathe and lead to asphyxiation. This includes pressure to the neck region, restriction of the chest wall and impairment of the diaphragm (which may be caused by the abdomen being compressed in a seated, kneeling or prone position). Some muscles require additional muscles to increase the depth of breathing. Any restriction of this bracing may also disable effective breathing in an aroused, physiological state.

There is a common misconception that, if an individual can talk, they are able to breathe. This is not the case. Only a small amount of air is required to generate sound in the voice box. A much larger volume is required to maintain adequate oxygen levels around the body, particularly over the course of several minutes during a restraint. A person dying of positional asphyxia may well be able to speak prior to collapse.

When the head is forced below the level of the heart, draining of blood from the head is reduced. Swelling and blood spots to the head and neck are signs of increased pressure in the head and neck, which is often seen in asphyxia. A degree of positional asphyxia can result from any restraint in which there is restriction of the neck, chest wall or diaphragm, particularly in those where the head is forced downwards towards the knees. Restraints where the subject is seated require particular caution, since the angle between the chest wall and the lower limbs is already partially decreased. Compression of the torso against or towards the thighs restricts the diaphragm and further compromises lung inflation. This also applies to prone restraints, where the body weight of the individual acts to restrict the chest wall and the abdomen, restricting diaphragm movement.

Risk Factors For Positional Asphyxia.

Any factors that increase the body's need for oxygen (e.g., physical struggle,

anxiety, emotion) will increase the risk of positional asphyxia. A number of specific risk factors are: -

- Restrictions or pressure to the chest, neck or abdomen
- Prolonged restraint after a physical struggle, causing fatigue
- Restraint of an individual of small stature
- Any underlying respiratory disease (e.g. asthma)
- Obesity
- Alcohol or drug intoxication (alcohol and drugs can affect the brain's control of breathing: an intoxicated individual is less likely to reposition themselves to allow for more effective breathing)
- Unrecognised, organic disease
- Psychotic states
- Recent head injuries
- Presence of an 'excited, delirium state', a state of extreme arousal often secondary to mania, schizophrenia or use of drugs such as cocaine, characterized by constant, purposeless activity. This is often accompanied by increased body temperature. Individuals may die of acute exhaustive mania and this may be precipitated by restraint asphyxia.

A COMBINATION OF CHEST WALL AND ABDOMINAL RESTRICTION IN A SEATED, KNEELING OR LEANING FORWARD POSITION IS PARTICULARLY DANGEROUS.

ANY SEATED HOLD THAT CAUSES SUCH RESTRICTIONS TO OCCUR SHOULD NOT BE USED IN ANY CIRCUMSTANCES.

IN CONTROLLING AN INDIVIDUAL IN A SEATED POSITION, PARTICULAR CARE MUST BE GIVEN TO KEEPING THE SEATED ANGLE AS ERECT AS POSSIBLE.

SUBJECTS MUST BE METICULOUSLY OBSERVED AND MONITORED ACCORDING TO THE ADVICE ON THIS SHEET.

IMPORTANT WARNING SIGNS	ACTIONS
An individual struggling to breathe Complaining of being unable to breathe Evidence or report of individual feeling sick	Immediate release or modify the restraint as far as possible to effect the immediate reduction in body-wall restriction

or vomiting Redness, swelling, blood spots to the neck, chest or face	
Marked expansion of the veins to the neck Subject becoming limp or unresponsive Change in behavior (BOTH ESCALATIVE AND DE-ESCALATIVE)	Immediately summon medical attention and provide first aid in line with the unit / school policy
Loss of, or reduced levels of consciousness Respiratory or cardiac arrest	NOT BREATHING? Administer 'rescue breaths' NO PULSE? Start CPR.
	Complete report Attend post-incident briefing
N.B. *Some subjects may complain of being unable to breathe to get staff to release a restraint. Staff should never presume that this is the case and should either release or modify the restraint immediately to restrict bod-wall restriction.	