



Category	Safeguarding & Child Protection		
Document Name	Physical Intervention Procedure		
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Related Policies

Document	Reference
Behaviour Management Policy	SC.P4
Behaviour for Learning Policy	SC.P1.01
Safeguarding and Child Protection Policy	SC.P1.01
Anti-Bullying	G13
Positive Handling Policy	SC.P1.01
Equal Opportunities	SC

Reference Material

Guidance
Children's Act 2014
Education Act 2011
Ensuring Good Behaviour in Schools, Department of Education 2012
DfE Behaviour and discipline in schools (advice for teachers and school staff) January 2016
Keeping Children Safe in Education DfE September 2016
Use of Reasonable Force, Advice for Head Teachers, Staff and Governing bodies. DfE 2012.

Introduction

There are several reasons why it has been thought opportune to address the issue of physical intervention at St Dominic's School. Staff have themselves requested guidance on this issue in light of a perceived increase of violence within society and in educational settings. Recent legislation, particularly that contained in the Children Act 1989, and the Education Act 1997, is also important.

Physical intervention

While usually not the most frequent behaviour staff encounter, physically aggressive behaviour is often what staff are most concerned about. *MAPA (Management of actual and potential aggression)* training, and more specifically, *Disengagement techniques and holding skills* lay the foundation for intervention during those moments of physical aggression. The *Crisis Prevention Institute (C.P.I)* provides the MAPA course which is taught to all St Dominic's school staff, to help deal with, and de-escalate crisis. It teaches a safe, non-harmful way to deal with physical aggression. Understanding the control dynamics on physical intervention techniques will aid staff in effectively reducing the strength, energy and momentum of an individual who is



showing risk behaviour. Physical intervention should be used only as a **last resort**, when all other interventions have been tried. It must not be used as a form of punishment and must not be used when a less severe response might have effectively resolved the situation. When all options have been exhausted, all verbal interventions have been tried, and the individual is a danger to themselves or others, physical intervention will then be used maintaining the best Care, Welfare, Safety and Security of all involved. Physical intervention and more specifically, **Holding Skills** is a **safe, non-harmful way of temporarily** taking control of an individual to aid calming down, and to regain rationality.

There are always risks involved in any physical intervention. Therefore, these must be considered when the danger presented by an acting out individual outweighs the risk of physical intervention.

Intervention may have to be used as the final course of action when other forms of intervention are impracticable, or are not working. Where the pupil or student is showing risk behaviour, staff will need to make a professional judgement, based on their knowledge of the individual, as to whether other tactics are more appropriate. Wherever possible, steps should be taken to avoid the need for physical intervention – through dialogue or diversion. A clear verbal instruction to stop the dangerous or threatening behaviour should **always** precede any physical intervention.

What is the legal position?

The 1997 Education Act allows any person to use such force as reasonable in the circumstances to prevent an offence (e.g. physical assault) being committed. Reasonable minimal force must be a matter of personal judgement. It is permissible:

- In order to remove the danger of another person being assaulted
- When a person is wilfully significantly damaging property
- When a person is putting themselves, or others, at personal risk.

The law requires that force should be used only when every other approach has been tried and that all practical methods to de-escalate the situation have been employed. Where a member of staff has clearly over-reacted and the use of force was unreasonable or excessive, he/she may be liable to disciplinary, civil or criminal proceedings. Providing staff act in a professional, considered and informed manner, and that these actions are seen as being in the pupil/student's best interest, the Governors will support their actions.

In cases of physical intervention, a written report must be kept and this will need to show that:

- Staff involved perceived a genuine danger
- Means other than force were attempted or found to be insufficient
- When force was used, it was the minimum necessary to remove the danger.

Methods of physical intervention

There are a few types of physical intervention:



- ❖ Low, medium and high: Standing or seated levels of MAPA restrictive physical intervention skills can be used to support, guide or move a person from one location to another, usually to encourage an individual to move to safer place in order to sit down as part of the process toward de-escalation and therapeutic rapport.
- ❖ The C.P.I Children's Control Position: Is designed to be used with children. It should only be used with individuals considerably smaller than yourself. This position is for one staff member, with the auxiliary member(s) monitoring for safety and assisting, if needed.

Extreme Risk

Extreme risk can be defined as a likely event or behaviour which has the potential for catastrophic harm to self or others. At St Dominic's school it is our duty of care to manage risk in the safest possible way. If staff are faced with a situation where the pupil or student is demonstrating extreme risk behaviour then the option to use emergency holding skills, including emergency floor procedures, to temporarily manage the behaviour is something a small team of staff at St Dominic's school are trained in. Staff who are competent in these skills will be assessed by an on-site certified instructor before any of these holding skills can be utilised as a last resort. The staff involved in any crisis have the responsibility to ensure the Care, Welfare, Safety and Security of everyone is maintained. As part of the training all staff have been thoroughly briefed on the risk of restraint. If there are any medical emergency warning signs, staff must immediately respond accordingly. At any time, if a member of staff is concerned about the individual's welfare and safety, they should clearly state 'medical emergency'. The term 'medical emergency' is an instruction for everyone involved in the hold to immediately let go of the pupil/student and begin the necessary emergency aid. It is important to state that the use of emergency holding skills is not used as a punishment or convenience but only to be used to respond immediately if there are major concerns for safety.

If there is no safer alternative and an emergency floor procedure is required to manage the extreme risk behaviour, the pupil/student must initiate the movement; this will allow staff a safe controlled transition to ground. The floor is seen as a temporary measure and any opportunity to let go or move to a less restrictive position must be considered. The use of emergency floor procedures could result in the pupil or student supported in either a prone or supine position. If this is the case, up to 5 members of staff are required to manage the head, arms and legs of the pupil/student. If a pupil/student drives themselves forward into a prone position on the floor and it is considered that pupil/student is still too unsafe for disengagement, then staff will look to roll into a supine position at the earliest opportunity.

Emergency Response

This is a physical intervention designed to gain a release from extreme risk behaviour towards oneself or others. For this technique to be effective it requires firm localised direct pressure and momentum on a specific area to induce a somatic flinch reaction from the pupil/student. If applied, the emergency response must be fast to avoid the pupil/student processing the feeling and making it less effective resulting in negative implications for pupil and staff involved. The intervention should only be used if there is risk of serious injury



from the behaviour. Staff who are competent in these skills will be assessed by an on-site certified instructor before any of these techniques can be utilised as a last resort

During an Intervention

- ❖ A pupil/student must never be deliberately taken to the floor. If a pupil/student takes themselves to ground, staff must safely transition them and reassess the situation immediately. If holding skills are still necessary to maintain the safety of all, then advanced and emergency protocol must be used and the opt-out sequence must be in the forefront of the incident manager's mind.
- ❖ A pupil/student should never be asked to restrain another pupil/student.
- ❖ Intervention must not involve pain compliance or dangerous procedures.
- ❖ Avoid interfering with breathing, blood supply or genital areas.
- ❖ Avoid holding head, throat or fingers; if limbs have to be grasped they should be held near a joint in order to reduce the danger of fracture or dislocation.

As soon as the situation is deemed safe, intervention should gradually be relaxed to allow the pupil/ student to regain self-control.

All staff members at St Dominic's School have undertaken the full MAPA training course. Refreshers are done on a yearly basis and intervention refreshers are done on a termly basis or on request by individuals to ensure that they are all done correctly. Staff are assessed by a method of a written exam for the theory, and by physical intervention assessments in groups with the instructor. The instructor keeps an online record of all staff who have successfully completed the course, and where needed those that need to re-take.

After the Incident

All physical interventions done must be logged as part of a negative slip on Sleuth and all staff involved must attend the daily behaviour debrief in the ICT room at 15:30. All staff and pupils/students involved must see the school nurse when the incident is over to check all are fine and record any injuries in the accident book where necessary.

All staff involved in a physical intervention incident must be given the opportunity to talk the incident through within twenty-four hours of its occurrence. Senior staff on duty, i.e. Principal, Head of Education – Integrated Services, Behaviour & Inclusion Coordinator or Behaviour & Inclusion Lead should consider relieving staff of their responsibilities immediately after an incident during which intervention is used as it is of paramount importance that all staff are in control and feel back to their normal self before resuming any further work with pupils and students.

A debrief of the incident is carried out by the MAPA instructors and all parties involved are included. Both staff and pupils/students involved should be ready and back in control before a full debrief is carried out using the *MAPA Coping Model*. The incident should be spoken about in order to establish: basic facts, look for patterns or trends, how could we deal with it in the future to prevent it going into an intervention, negotiate with both pupils/students and staff a new way to deal with incident and give control and responsibility back to individual involved.



Reporting and Recording

In all incidents where physical intervention has been used the following actions must be taken. The member of staff must:

- Inform the Principal, Head of Education – Integrated Services, Behaviour & Inclusion Coordinator or Behaviour & Inclusion Lead as soon as possible.
- The senior member of staff on duty will arrange to inform the parents, guardians or carers. During the school day the responsibility will fall to the form tutor of the pupil/student to contact the parents, guardians or carers and, in the case of it occurring in the evening, the residential area leader will take responsibility of the phone call. This is to ensure that the school maintains a best point of contact between home and school and that strong partnerships can be formed.
- The member of staff must complete a negative slip on Sleuth during the daily behaviour debrief at 15:30 in the ICT room.

Information recorded should include:

- Name of pupil(s)/student(s) and staff (including any witnesses to the incident)
- Date, time and place of incident
- Nature of incident
- A precise description of the behaviour leading to the intervention and what danger was perceived
- What other forms of intervention were used first and how the pupil/student responded
- A description of the intervention used
- Details of subsequent action taken
- A body map of any injuries (staff and pupils/students)

Pupils and parents have the right to read this record. It should be written in a style that is both objective and easily understood by pupil/student, parents and other interested agencies. If a parent requests to see a report that includes a reference to another pupil/student, reference to that pupil/student should be deleted before making the report available. Admin staff should ensure that the availability of such reports does not breach confidentiality regarding any other pupil/student.

Complaints

It is recognised that a pupil/student may feel that a member of staff has used physical intervention unnecessarily. To meet these circumstances, it is important that the pupil/student knows how to voice such a complaint and how this would be treated. It is expected that, in almost all cases, making time to talk through the incident with the pupil/student will resolve the matter. It may be necessary to involve another member of staff and this may need to be a member of the senior management.



On the rare occasion when the matter cannot be resolved within school, the pupil/student should discuss the incident with his/her parent(s) or carers. Together they should talk to the Principal and decide if the matter needs to be taken further. At this point the pupil/student and his/her parent(s) may wish to talk to a governor. This person will wish to establish all the facts and to discuss the incident with the Principal. If the matter cannot be resolved informally then a formal written complaint should be sent to the Chair of Governors who will instigate the formal complaints procedures. A copy of the "General Parental Complaints Procedures" will be sent to the complainer on request.

Good practice in the event of potential confrontation

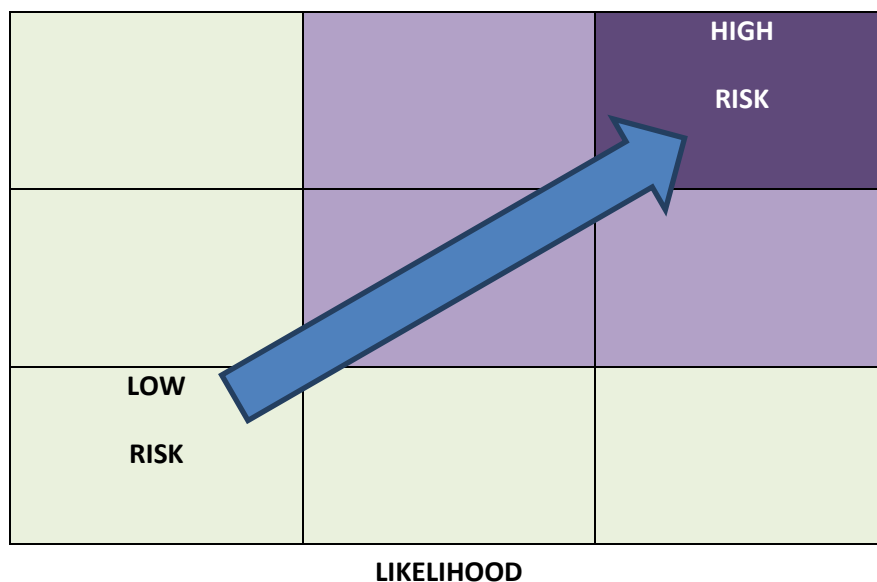
When faced with situations in which conflict may occur, every effort should be made to de-escalate the confrontation before resorting to the use of the intervention. What is actually done is a matter of personal judgement at the time. The following points are offered as guidance:

Decision Making

Below is a diagram used as a risk assessment tool for staff to judge the level of risk behaviour and the severity of the outcome to determine how they can respond.

Decision Making Matrix

Consider the individual, behaviour and risk. Risk is the chance of a bad consequence.



Likelihood: The chance behaviour may occur

Outcome: the severity of harm if the behaviour does occur



Skills Evaluation Framework

When using any disengagement and or holding skills staff have to decide whether their actions will be safe for staff and the pupil/student, effectiveness to reduce and/or manage the prevailing risk, acceptable with regards to legal and professional expectations and safeguarding requirements, and transferable to a range of people and circumstances. Only when there is a score of 4 or above for each of the criteria can the use of physical intervention be justified.

	Strongly disagree	disagree	Neither agree nor disagree	Agree	Strongly agree
Safe	1	2	3	4	5
Effective	1	2	3	4	5
Acceptable	1	2	3	4	5
Transferable	1	2	3	4	5

Before the incident

- ❖ Be sensitive to factors that trigger problems
- ❖ **At first signs of difficulties:**
 - Remove pupil/student from the group they are working with
 - Talk to him/her calmly
 - Be prepared to restructure the activity
 - **Look for signs of:**
 - Increased tension - Anxiety
 - Agitation - Defensive
 - Raised voice pitch
 - Becoming unresponsive to question
 - Restlessness

It is important that this information is communicated to all staff in the school and that staff taking responsibility for a pupil/student with a history of behavioural difficulties are appropriately briefed.

During the incident

- Remove the pupil/student from the situation causing stress.
- Offer some individual attention.



- Consider possible causes for the behaviour - pain, illness, discomfort, difficult relationships with others, or something, which has happened at home.
- If it appears to be the latter, liaise with parents as soon as possible.
- Stay calm, attempt to keep your voice quiet and speak slowly.
- Give time for the situation to de-escalate.
- Do not stand too close to the pupil/student - this can be interpreted as “threatening”.
- Be appropriately assertive - directions to the pupil/student should communicate confidence and a clear expectation that they will comply.
- Avoid power struggles - it creates resentment and fear and places members of staff in the role of the opponent, rather than an ally.
- Talk to the pupil/student on your own - directions should come from only one member of staff at a time and these should be simple to understand.
- Allow yourself time to deal with the situation effectively.

After the incident

- Ensure a negative slip is completed at the daily behaviour debrief
- Debrief the incident with a MAPA instructor at the daily behaviour debrief
- School Nurse to be informed immediately
- Behaviour & Inclusion Coordinator and Behaviour & Inclusion Lead should be notified as soon as possible
- Form tutor informed as soon as possible
- Parents to be informed if a physical intervention took place