



The WASP Centre

Restrictive Physical Interventions Policy

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1. Introduction

On occasions when de-escalation and conflict resolution techniques have failed, the use of Restrictive Physical Interventions (RPI) may be required to safely and appropriately manage a situation. The concept of RPI involves ensuring students with a high level of personal stress; a dangerous lack of self-control; a serious desire to challenge and threaten, are diverted from harming themselves or others; seriously damaging property; disruptive behaviour prejudicial to the safe and secure learning environment of the school, or are protected from the likelihood of them doing so. When no one is in control the desire to challenge and threaten often escalates.

2. Purpose

The overall purpose of this policy is to provide a framework, detailing the code of conduct to ensure teaching/non-teaching staff and students are able to achieve and sustain a safe, proactive, orderly, caring, learning working environment.

This policy provides a simple framework recognising Restrictive Physical Interventions (RPI) required to ensure inclusion, detailing the code of conduct regarding RPI.

This policy is available on the school website, the shared staff area and on request from the Head teacher or the Centre Manager in hard copy format. It should be read in conjunction with the following policies:

- Child Protection and Safeguarding Policy
- Anti-bullying Behaviour Policy
- Behaviour Policy
- SEN Policy
- Searching, Screening and Confiscation Policy
- First Aid Policy
- Complaints Policy
- Team Teach Policy Statement (ANNEX B)
- BILD Code of Practice

3. Restrictive Physical Interventions (RPI)

Restrictive Physical Intervention is:

'the positive application of force with the intent of overpowering the client'

in order to:

- Restrict movement
- Restrict mobility
- Disengage from dangerous or harmful physical contact

The correct use of physical control requires judgement, skills and knowledge of non-harmful methods of control.

As a general rule nobody has the right to touch, move, hold or contain other person. However, people with a duty of care operate in exceptional circumstances where it is sometimes necessary to act outside this norm. Whenever they do so they should be clear about why it is **NECESSARY**.

Staff must also ensure that they demonstrate that any actions were in the child's **BEST INTEREST** and that they were **REASONABLE AND PROPORTIONATE**, along with being for the **LEAST AMOUNT OF TIME**, and using the **LEAST AMOUNT OF FORCE**.

Restrictive Physical Interventions (RPI) includes the use of Physical Presence; Restriction of Access; Restriction of Exit; Physical Diversion; Increased Staffing; High Level Supervision; Restrictive Physical Intervention (RPI) and the necessary Prevention form leaving the Premises without Permission, so that dangerous and/or violent behaviour is controlled and prevented from spreading. All of which are in conjunction with the BILD Code of Practice.

3.1 The BILD Code of Practice

The BILD Code of Practice stresses that:

- RPI should only be used in the best interests of the service user
- The minimum force for the shortest time
- Prevent injury, pain and distress
- Maintain dignity
- Reasonable and proportionate
- All actions should be necessary

3.2 Requirements for use of Restrictive Physical Interventions (RPI)

It is each member of staff's responsibility to make an assessment of the particular circumstances. Staff will need to decide if control is appropriate, and if it is, at what level.

RPI must only be used when it is required to prevent a student:

- harming themselves
- injuring other students, service users and staff
- damaging property
- an offence is being committed, and
- in school settings, any behaviour prejudicial to the maintenance of good order and discipline within the school, or among any of its students.

It is not considered appropriate to adopt a blanket approach to the use of RPI. Staff will need to take the following factors into consideration:

- the behaviour of the individual student
- the known intention of the student
- their known wishes, feelings and emotional state
- the student's personal history
- the influence of other students, family and friends
- any events that may be causing anxiety
- knowledge of the student
- time of day
- antecedents to the situation

In considering factors, particular attention needs to be given to the age, understanding and maturity of the student. As a student matures he/she becomes more-able to make considered decisions. However, competency is not only determined by age and maturity. The possible consequences of behaviour should be a significant factor in decision making.

A decision, which involves an assessment of the risk of potential harm, must not be left to the student to make alone. It will be a matter for negotiation, or solely the responsibility of the member of staff. The more danger that can be foreseen in a particular situation, the less likely it will be that the student is competent to make a decision.

Where a student is proposing to do something where there is clear potential for him/her injuring themselves; others, or seriously damaging property, then staff can properly affect RPI to prevent him/her from doing so.

4. Avoidance of Restrictive Physical Interventions (RPI)

4.1 Dialogue

It is essential that wherever possible, the use of RPI should be avoided in favour of lower level de-escalation, through verbal persuasion and dissuasion, and positive handling prompts. Persuasion and dissuasion is where the staff focus the discussion with students with the aim of persuading or dissuading

them from an intended course of action. It is in effect focused guidance. Only when dialogue is clearly not producing a satisfactory resolution and a situation continues to be unsafe, or to deteriorate then staff should consider the use of RPI.

4.2 Physical Presence

Staff member's physical presence is often all that is necessary to communicate authority, and to re-establish safety and security. Presence by implication of one's authority may restrict student's movement for a brief period, but is limited to:

- Standing close by, or in front of a student
- Standing momentarily or temporarily in the way of a student

Presence should become neither oppressive, or of excessive duration. It is likely to be most effective if complemented by a range of non-verbal communication signals, and Persuasion or Dissuasion. Physical presence must be:

- Considered appropriate in the context of a particular situation or incident
- Used only in the context of engaging the pupil in discussion about the significance, relevance and consequences of his/her behaviour
- Ended if it is met with resistance, when a decision will need to be made whether or not another form of intervention is appropriate

4.3 Restriction of Access/Exit

In the ordinary course of maintaining a supportive and stable educational experience, staff may limit student's liberty by requiring them not to do things that they may prefer to do, including restricting them within a building. However, if the student complies with the reasonable request, restriction of liberty is not an issue.

There may be occasions, however, when a student has lost self-control, and is intent on serious self-damage; inflicting injury on others; damage to property, or is considered potentially likely to do so, that it would be appropriate to prevent access to dangerous environments by locking doors to them. Restricting access under such circumstances is considered appropriate staff action.

Occasionally in respect of the types of behaviour described previously, it may be necessary to prevent a distressed student from exiting a room by blocking the doorway by Physical Presence. This type of control is appropriate and permissible provided that:

- The duration of the intervention is only brief, and the student is engaged in conversation aimed at de-escalating the situation
- The action is a response to a particular situation and not regular practice
- If the pupil physically resists, a considered decision is made in respect of justification for, and use of, alternative forms of intervention

4.4 Physical Diversion

As part of a range of Restrictive Physical Interventions, Physical Diversion differs from RPI in the degree of 'force' used. Physical Diversion may be for example, holding a hand; placing a hand on the forearm; or putting an arm around the shoulder. Physical Diversion is a means of deflecting a student from destructive and/or disruptive behaviour. It involves little force but serves to reinforce staff attempts to 'reason'. It is persuasive rather than coercive. It is important that:

- It should guide, comfort and reassure
- If possible the intervening member of staff should already have an established relationship with the student
- Physical Diversion should not arouse sexual expectations or feelings (if it does holding should cease)

- It should be ended if it is met with resistance. When a further decision will need to be made whether or not another form of intervention is appropriate

4.5 Increased Staffing Levels

Whilst not a true RPI technique, the temporary physical presence of Increased Staffing Levels when a particular class are experiencing difficulties in functioning, because of the behaviour of a particular student/s, it may be a means of managing the situation. A temporary increase of staffing levels is particularly useful because it does not label individual students.

4.6 Time Out

If a student is unsettled, and it is felt that they would benefit from being away from a situation, then they might take 'Time out'. Time out can either be requested by a student, or directed by staff. The objective should be to give a student the opportunity to regain their composure, without the pressure associated with being in a formal location or being near staff or other students. Time out is an important tool in encouraging and supporting students to manage their own behaviour prior to reaching a crisis point. Staff must be conscious of the fact that some students might ask for time out as a way of getting out of a lesson without real reason.

4.7 Inclusion

If a student pupil is unsettled, and continues to be disruptive to the safe and secure learning environment of other student's pupils, it may be considered by staff to separate a student from their peers, and supervise him/her by a member or members of staff with the purpose of providing him/her with continuous focused supervision and support.

4.8 Seclusion

Seclusion describes the forcible confinement and segregation of a student from their peers in situations that are unsupervised by staff. **The WASP Centre does not permit seclusion on any of their sites.**

5. Use of Restrictive Physical Interventions (RPI)

Restrictive Physical Intervention (RPI) is the positive use of minimum force to divert a student from harming himself/herself or others; seriously damaging property; disrupting the safety and security of the school's learning environment, or to protect a student from the likelihood of them doing so.

RPI at The WASP Centre must only be used to prevent:

- harming themselves
- injuring other students, service users and staff
- damaging property
- an offence is being committed, and
- in school settings, any behaviour prejudicial to the maintenance of good order and discipline within the school, or among any of its students.

And as a means of preventing a pupil leaving if:

- The student is so acutely and seriously troubled that it is clear he/she is in immediate danger of inflicting serious self-harm; serious harm to others, or seriously damaging property
- Lesser interventions have either not been understood or successful, and the student pupil would upon absconding be potentially in physical or moral danger
- The student is socially immature and vulnerable, consequently potentially at physical and moral risk
- Its use is intended to return a student to a less dangerous situation
- The student is very likely to interrupt the safe and secure learning environment of the school

- It is described as a course of permitted action in the students Individual Behaviour Support Plan (IBSP)

The use of Restrictive Physical Intervention is not a substitute for using alternative strategies.

Normally lesser forms of intervention should have been used first and all de-escalation techniques exhausted. The onus is upon the member of staff to decide when this position has been reached.

RPI is used only:

- Rarely
- When there is *NO OTHER WAY*, and
- Where any other course of action would be likely to fail

RPI must not be used:

- To punish
- To gain students compliance with staff instruction (unless the instruction is to cease from a course of behaviour leading to injury, damage or serious disruption)
- To cause or threaten hurt / pain
- Oppress; threaten; intimidate and bully

There are occasions when to safeguard a student's dignity or safety, it would be in his/her interests to be moved to a less public place, or safer environment. This may also be the case in establishing or maintaining a safe and settled learning environment, or to prevent/lessen disruption to the environment. However, the movement of non-co-operative students can be problematic, and needs careful consideration. Staff will need to assess the necessity of such an action, against the potential risks involved, and take into consideration all potential dangers. When students co-operate with movement it is usually indicative of their desire to regain self-control.

6. Staff using Restrictive Physical Intervention (RPI)

Staff must ensure that when there is a necessity to use RPI that they must always adhere to the following principles:

- Follow the Team Teach training given.
- De-escalation and conflict resolution techniques must have been exhausted.
- The student is warned quietly, yet clearly and firmly that RPI is likely to be used BEFORE taking action.
- NEVER act out of temper. If control seems to be being lost, the professional approach is to call another member of staff to replace your involvement.
- The RPI techniques should provide a gradual, graded system of response commensurate with the situation; task and individual involved. Consideration should be made to any risk involved in any particular situations. Techniques used should allow for phasing up and down as dictated by the circumstances at that time.
- Whenever possible, more than one member of staff should be present or involved. This prompts teamwork; requires less effort and is therefore likely to minimise the possibility of damage or injury. It also prevents particular staff becoming associated with physical methods of control.
- Where a male member of staff is involved in controlling a student of the opposite sex, a female member of staff should be present from the earliest possible moment. Best interests of the child and Health and Safety issues are the main drivers for staff actions in this area. It is in everyone's 'best interests', for a female member of staff to be present, when a female is being restrained.
- The least intrusive method of control should be employed

- IN EVERY CASE, **no more than the reasonable amount of force, with the maximum amount of care for the minimum amount of time should be used to keep safe.** No more time taken, than is necessary to effectively resolve the situation
- The student should repeatedly be offered the opportunity of exercising his/her own self-control. Physical management should cease as SOON AS POSSIBLE. The skilled use of non-verbal; Para-verbal and verbal strategies aid de-escalation.
- Whilst it may be necessary for staff to be given support in physically controlling students, staff should be aware that creating an audience can often escalate the situation.
- As soon as possible after the incident, when the student has regulated, he/she should be given the opportunity to talk through the incident.
- **ALL INCIDENTS CONCERNING RPI must be recorded on a Major Incident Record Form (ANNEX A).** The report should consider the circumstances and justification for using RPI.
- Staff involved should be afforded supportive discussion, if required as soon as possible.

7. Restrictive Physical Intervention (RPI) Procedures

Only staff that have undertaken the school based training programmes in Team Teach methods of RPI and have valid confirmation of their approval to do so from the Head teacher are permitted to physically control students. Only those techniques of the Team Teach approach can be employed. That being said all members of school staff have a legal power to use 'reasonable force'. This power applies to any member of staff at the school. It can also apply to people whom the Head teacher has temporarily put in charge of students, such as unpaid volunteers.

Staff can use reasonable force to:

- Remove a disruptive student from the classroom where they have refused to follow an instruction to do so
- Prevent a student behaving in a way that disrupts a school event, trip or visit
- Prevent a student's leaving the classroom or school site where allowing the student to leave would risk their safety or lead to behaviour that disrupts the behaviour of others
- Prevent a student from attacking a member of staff or another student, or to stop a fight
- Restrain student at risk of harming themselves through physical outbursts

For staff that have undertaken Team Teach training the following procedures for RPI must always be followed:

- Try to give the students clear warning i.e.: *"Look you're giving me no other option..."* Still try to offer an alternative escape route from the situation by encouraging the student to regulate and talk things through. (This offer must stand all the way through the incident and must be repeated to the student).
- The vast majority of crisis situations can be resolved through appropriately calm, controlled, dignified and skilled intervention.
- Once physical intervention is necessary then it is important that it happens quickly, smoothly, confidently and successfully providing the maximum amount of care, control and therapeutic support.

The choices for RPI are:

- Controlling the student in a standing position
- Controlling the student in a seated position (chair/sofa or floor)

It is only possible to decide which of these options to take as one's experience, expertise and knowledge of the individual student grows, although inevitably they represent a gradual and graded increase in the extent of control used. The paramount decision should be based on 'Safety' for all concerned.

****Students must not be held on the floor in either the front or back ground recovery position (Prone or Supine). If a Student takes themselves to the floor in this position, then staff should release holds completely until the student can be managed in a recognised 'Floor seated' technique, with safety as paramount concern, or until a chair/sofa seated or standing position is available/suitable. ****

8. Elevated Risks

Physical restraint involves risk, as do all the alternatives. A reasonable response involves choosing an option which reduces rather than increases the risk. Sometimes the only effective techniques available involve a degree of danger to the staff and/or the child. In these difficult circumstances the risks have to be balanced carefully. Such judgements are never simple. There are positive handling techniques that reduce risk by taking students to the ground in a controlled manner. They do not involve pressure to the torso. As the risks are exceptional, Team Teach distinguishes very precisely which strategies it is willing to support. The nature of the risk must be understood along with necessary planning, training, additional safeguards, risk assessment and post incident structure.

When a student goes to the ground, or is taken to the ground by staff, it is vital that they are closely monitored. The goal should be to recover into a seated or standing position at the earliest safe opportunity.

There are risks associated with ineffective attempts to prevent a student from going to the ground. Any attempt to lift or support body weight risks spinal injury. There are also risks associated with suddenly breaking away and allowing people to fall to the ground in an uncontrolled manner. These should be balanced against the risks associated with a controlled descent and effective ground techniques. We cannot eliminate risks but we must make a balanced judgement and ensure that all agreed procedures are fully documented.

8.1 Positional Asphyxia

This term has been used to describe deaths which have been attributed to an individual's body position. Adverse effects of restraint include being unable to breathe, feeling sick or vomiting. Signs may include swelling to the face and neck, and petechiae (small blood-spots associated with asphyxiation) to the head, neck and chest. In order to breathe effectively, an individual must not only have a clear airway but they must also be able to expand the chest and stomach to draw air into the lungs. 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 oxygen demands of the body increase greatly. The rate and depth of breathing need to increase to supply these additional oxygen demands. To achieve this additional muscles in the shoulders, neck, chest wall and abdomen are essential in increasing lung inflation. 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.

Any position that compromises the airway or expansion of the lungs may seriously impair a subject'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 individuals who are struggling to breathe will 'brace themselves' with their arms: this allows them to recruit 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 talk until they collapse.

A degree of positional asphyxia can result from any restraint position in which there is restriction of the neck, chest wall or diaphragm, particularly where the head is forced downwards towards the knees. Restraints where the student 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, abdomen and diaphragm movement.

8.2 Pressure to the neck

Necks are extremely fragile. Whiplash injuries are common. No attempt should be made to hold a neck. No pressure should be placed on the neck to move the head forward. This can damage the spine and restrict breathing.

8.3 Prone Holds (Not authorised by THE WASP Centre)

The prone position is when a person lies on their front, usually with their head to one side. Any pressure placed on a person in this position can seriously compromise breathing. The person's own body weight may sufficiently restrict breathing to produce an adverse outcome. In a prone position restriction to the abdomen can prevent the lungs from fully expanding. Any restriction to the ribcage will exacerbate the problem. No pressure may be placed on the torso of a person in any Team Teach ground recovery position. No techniques allow straddling the torso under any circumstances.

8.4 Supine Holds (Not authorised by THE WASP Centre)

The supine position is when a person lies on their back. With the additional complication of alcohol and / or vomiting this position may increase the risk of choking.

8.4 Seated Holds

In seated holds forcing the body forward into hyperflexion at the hips is likely to limit the expansion of the abdomen and restrict breathing. Young children can be extremely flexible and may throw themselves forward. In Team Teach seated holds staff should allow the torso to come back to a comfortable position naturally rather than follow the student into a hyperflexed position. 'Basket holds' which involve the arms being pulled across the rib cage and locked under the armpit can severely restrict the expansion of the rib cage and impede breathing. Team Teach techniques do not allow this. In the 'Wrap' the arms are not pulled across the rib cage, but placed on the hips. For extremely obese children or those with short arms the 'Wrap' may not be an appropriate response.

8.5 Standing Holds

Hyperflexion can be a risk in standing holds if the body is forced forward. Some standing holds involve forcing the shoulders forward. No Team Teach techniques allow this.

In the standing 'Wrap' the student's arms are not pulled but placed down at the hips to allow the rib cage to expand normally. As in the seated position, if a flexible student throws their body forward the staff do not follow, but allow the body to return to a comfortable position.

8.6 Extreme exertion and other factors

Extreme exertion can be a risk factor in itself. An oxygen debt can build up over time in any form of restraint. Staff should always be ready to release at any signs of medical distress. In addition, obesity, small stature, asthma, bronchitis, a blocked nose or a range of pre-existing medical conditions could impair breathing.

8.7 Warning signs

During a restraint and in the period following children must be monitored and supported closely. Danger signs include:

- Struggling to breathe
- Complaining of being unable to breathe
- Evidence or report of feeling sick or vomiting

- Swelling, redness or blood spots to face or neck
- Marked expansion of the veins in the neck
- Subject becoming limp or unresponsive
- Changes in behaviour either escalative or de-escalative
- Loss of or reduced levels of consciousness
- Respiratory or cardiac arrest

8.8 Immediate Action

Release or modify the restraint as far as possible to improve breathing. Immediately summon medical attention and provide appropriate first aid in line with First Aid Policy.

9. Team Teach Protocols

The Team Teach instruction is comprehensive and staff that are unsure about approaches, deescalation, protocols, techniques or holds should seek clarification. The following is a brief outline of some of the main principles:

- Staff should always be aware of their own safety. Only in exceptional circumstances should staff use RPI's without another member of staff being present to support
- Remember to use the HELP protocols for both students and staff
- It is always easier if one member of staff takes the lead and directs events
- With two staff present, take one arm each. Always be aware of kicks, punches, knees, head butts, spitting, bites etc.
- Take hold at the lower forearm / wrist.
- Keep close contact with pupil, with 'no daylight' between you
- Maintain only the pressure that is required to keep safe
- Communicate with each other and the student
- If sitting in an upright chair keep well to the side and slightly behind the student
- Once the situation is under control, safe and secure, counselling of the student should begin. It is not unusual to meet a continuous stream of abuse, obscenities etc. Ignore these, try to be calm, look beyond the behaviour, and talk deliberately and in a pacifying tone.
- Offer positive feedback as soon as possible
- With a particularly reserved student it may be possible to progress the 'letting go' process by distraction methods
- Once the situation begins to regulate, significant decreases in the grades of RPI's should commence. However, these should be on staff terms and not when demanded by the student. If he/she asks sensibly, calmly and politely staff must adhere to the request, however exercise caution.
- The overall aim is to (when the student is ready to talk) discuss what provoked the whole episode, getting the student to examine the problem and its consequences. Staff need the student to realise that there was a more acceptable and appropriate way of dealing with the situation.
- The student should be asked if they are hurt and/or if they need medical treatment.
- The event should be discussed with all involved staff, so that positive feedback is given, and the potential for improved approach, teamwork and skills is achieved.
- A Major Incident Report Form (ANNEX A) must be written with all involved staff and the student given the opportunity to record their own feelings and opinions.

Any use of RPI must be reported as soon as possible to a member of the SLT, a Major Incident Report Form completed, and an Incident Log generated on SIMS. Where an injury occurred and Accident

Report Form must also be completed. Parents/carers should also be notified at the earliest possible opportunity.

10. Monitoring

The Head teacher should monitor the use of RPI by examining:

- The frequency of their use
- The justification of their use
- Their nature
- Their users
- The views of the students concerning them

He should also ensure that:

- The need to use RPI's are minimised
- Restrictive Physical Interventions are used only in the appropriate circumstances
- Only the appropriate RPI's are used in particular situations in-line with the BILD code of practice.

He must also:

- Provide a summary report on the use of RPI to the school's Trustee Board
- Take appropriate action over issues of concern of either a generic or specific nature
- Make available on request the Major Incident Report Forms to the authority's officers

It is the responsibility of any member of the school's staff team to alert a member of the SLT of any concerns they have regarding any individual students in their care.

11. Recording, Reporting and Monitoring

11.1 Record Keeping

Team Teach strongly recommends that all services should keep records/copies of incidents of RPI, for a minimum period of 25 years from the date of the incident. The behaviour of some individuals presents a hazard to themselves and others. In settings which cater for individuals who exhibit hazardous behaviours, records serve a number of purposes:

- They can be an invaluable aid to risk assessment and risk reduction by communicating information about known hazards.
- They can provide evidence of both poor and preferred practice to help managers target training.
- They can direct managers towards improving the quality of the guidance they provide for staff.
- They can expose malpractice and protect staff against false allegations.
- Employers who fail to establish effective recording and reporting systems to protect children, young people, vulnerable adults and staff are in breach of their statutory duties under Health and Safety legislation.

11.2 Records

- Should be completed after everyone has recovered.
- Should use structured recording forms
- Should include the de-escalation techniques used
- Should state briefly exactly what happened
- Should be signed and dated
- Should be monitored and evaluated
- Should inform Individual Student Behaviour Risk Assessments (ISBRA) and Positive Handling Plans (PHP)
- Should be archived along with the current policy and guidance

11.3 Major Incident Report Forms

All incidents using RPI should be recorded, reported, monitored and evaluated using the school's Major Incident Report form (MIR).

It is the responsibility of staff involved in an incident to complete a MIR before the end of the day in the case of a contentious incident. The MIR form is comprehensive and staff should ensure that they complete all relevant sections thoroughly and accurately, checking details with all colleagues involved in the incident. Parents/carers should also be notified that their child has been involved in Restrictive Physical Intervention (RPI) resulting in a MIR. Upon completion, this form should be handed in to the Head teacher.

11.4 Individual Student Behavioural Risk Assessments (ISBRA), Behaviour Support Plans (IBSP) & Positive Handling (PHP) Plans.

Following the need to use RPI with an individual students, and staff reflection, planned responses and techniques should be written out and included in Individual Student Behavioural Risk Assessments (ISBRA), Behaviour Support Plans (IBSP) & Positive Handling (PHP) Plans.

The plans need to be developed for individuals assessed as being at greatest risk of needing RPI in consultation with the student and his/her parents/carers. Such plans would include strategies to prevent and deal with any recurrence of behaviour that could lead to the use of force.

These plans should include:

- Risk assessments where necessary, and alert people / staff to foreseen risks.
- Should warn against strategies which have been ineffective in the past.
- Should include preferred strategies and suggest ideas for the future.
- Should bring together contributions from key partners (including parents/carers) working in partnership, and signed by all concerned.
- Should be reviewed regularly and/or when changes to the individual child's circumstances are evident

11.5 Notification of Restrictive Physical Intervention (RPI)

Each such incident should be reported to the parent/carer as soon as practicable after the incident. If it is likely that reporting an incident to a parent/carer will result in significant harm to the students, significant incidents should be reported to the local authority. The Secretary of State's view is that, significant harm is where a child is chastised inappropriately and / or significantly. The person who makes the telephone call need not be the person who compiled the MIR report. In the event of parents not being able to be contacted by phone regarding RPI, a letter should be sent home notifying them accordingly of the incident.

12. Student Complaints/Staff Suspension

When a complaint is made the onus is on the person making the complaint to prove that his/her allegations are true – it is not for the member of staff to show that he/she has acted reasonably. The Board of Trustees should always consider whether a member of staff has acted within the law when reaching a decision on whether or not to take disciplinary action against them.

If a decision is taken to suspend a member of staff, the school should ensure that the staff member has access to a named contact who can provide support. Suspension must not be an automatic response when a member of staff has been accused of using excessive force. As employers, schools and local authorities have a duty of care towards their employees. It is important that appropriate pastoral care is provided to any member of staff who is subject to a formal allegation following a 'use of force' incident.

B. Describe the incident:

(Crisis Development Model. 2nd stage – Defensive & Directive. 3rd stage Risk Behaviours)

Defensive behaviours (student):

Directive Approach (staff):

Risk Behaviours (student):

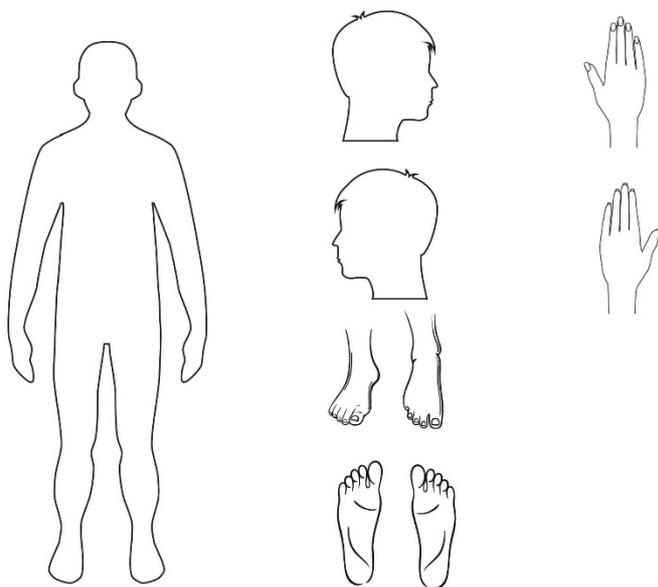
C. Describe the RPI – include which staff used it, technique, duration, monitoring:

(Crisis Development Model. 3rd stage Physical Intervention)

D. Why was this the last restrictive option available?

<p>E. Describe any injuries to the student, staff or members of the public and action taken, and show on attached body chart: (If none, write 'None')</p>			
<p>F. View of student and/or reaction of student following the incident: <i>(Crisis Development Model.4th stage Tension Reduction & Therapeutic Rapport)</i></p>			
<p>Tension Reduction (student):</p>			
<p>Therapeutic Rapport (staff):</p>			
<p>G. Initial reflections of staff, include: responses and actions, consequences, feelings, factors, what have been done differently.</p>			
<p>H. Who has been informed of the incident?</p>			
<p>SLT use only</p>			
Report reviewed by:			
Sign:		Date:	
Copies distributed to:			
Any other action required:			

Body Map



Please mark any injuries, including date incurred, or date you discovered them, and what is evident to the eye. Ensure this information is also documented overleaf.

Introduction

This policy statement is intended as a supporting guide to the school's behaviour and restrictive physical interventions policies, outlining the role of Team-Teach; what is acceptable practice and that which clearly is not.

Team-Teach is a whole setting, behaviour management response that aims to use de-escalation and behaviour strategies as a standard response to challenging behaviour. However, this is incorporated with restrictive positive handling techniques that are graded and gradual (up or down) as the situation requires.

Restrictive Positive Handling techniques are never used in isolation

The Team-Teach approach will:

- Reinforce policy and practice, inform of current legislation, legal considerations and circular guidelines concerning restrictive physical interventions
- Reinforce the essential verbal and non-verbal skills required in a crisis situation
- Make staff groups aware of necessary interventions appropriate to the level of behaviour reached by a student.
- Following training, providing staff with knowledge, understanding and physical skills required for their personal safety, and the management of children in their care.
- Offers post-incident structure to both the pupil and member of staff

Team Teach Aim

To provide an accredited training framework designed to reduce risk and through working together to safeguard people and services.

Team Teach Objectives

- To develop shared values which promote the attitude, skill and knowledge needed to implement Team Teach in the workplace.
- To develop positive handling skills in behaviour management, including: verbal and nonverbal communication, diversion, de-escalation and safe, effective, humane physical interventions.
- To develop skills in positive listening and learning.

The basic principles of Team-Teach are:

- At least two members of staff when a situation occurs. This is protection for both staff and students concerned.
- 95% of crisis situations can be resolved through calm, controlled, dignified and skilled de-escalation strategies.
- Minimum force and time – important not to react emotionally but professionally and composed.
- Last resort (where possible) – all other behaviour management strategies to be tried and used first.
- Restrictive physical intervention techniques that provide a gradual, graded system of response – commensurate with the situation, task and individuals involved.
- Techniques allow for verbal communication – utilising positive relationships.
- Techniques that do not rely on pain or “locks” for control.
- Staff safety and protection issues addressed – important for staff to have a range of breakaway and release techniques in a serious situation where health and safety are at risk.
- Emphasis on staff awareness and communication skills – verbal and non-verbal used to deescalate a possible crisis situation.

- Following restraint there should be both a supportive and reflective structure for both staff and students.
- All incidents involving students being physically managed should be reported, recorded, monitored and evaluated.

Team-Teach is governed by the British Institute of Learning Difficulties (BILD) code of practice.

Entitlements and Requirements.

All trained teaching, childcare and support staff are entitled as part of their professional development to:

- A **minimum** of 6 hours' re-accreditation Team Teach training (existing 12hr certificated staff) within a two-year period of completing a basic training course or previous refresher course.
- A minimum of a 12 hours Team Teach basic training course (new staff)
- Availability of additional Team Teach training for areas not covered in the mandatory 6hr/12hr training courses.
- Notification of any updates and changes in the management of challenging behaviour and handling techniques, and changes in current legislation/legal considerations.
- Review / assess and express their own perceived areas of additional training requirements through risk assessment and situations arising in their own school/class environment.
- An individual copy of the Team Teach policy and positive handling guideline booklet made available for them, and evidence of it being read and understood.
- The availability of being able to approach a Team Teach instructor and be reminded/demonstrated on any particular Team Teach recognised/approved positive handling technique.
- To express their views on any particular handling techniques efficiency or inadequacy on any particular student (which must then be recorded by that particular member of staff in that student's individual behaviour support plan/risk assessment)

Parents/Carers

Are entitled to information on the behavioural management and positive handling techniques which staff employ in last resort situations. When appropriate, they are also invited to contribute to their child's Individual Behaviour Support Plan (IBSP)/Positive Handling Plan (PHP).

It is considered 'good practice' for parents/carers to be given a copy of the school's policy on the use of force (RPI Policy, along with the Behaviour Policy) to read.

Head teachers must ask parents/carers to sign a 'Home School Agreement' (HSA), when their child joins the school. By signing the form, the parent/carer will be indicating their agreement with the school's 'Behaviour Policy', and in signing the agreement, they are acknowledging the school's power to use reasonable force on their child in the circumstances described in the policy.

Board of Trustees

- Are entitled to attend any behaviour management training.
- A copy of all relevant policies/guidelines and documents.
- Any relevant information and data which allows them to monitor and make decisions about school improvement issues.
- It is good practice for the Board of Trustees to monitor incidents where RPI has been used. Head teachers have an important role in reporting such incidents to them.
- Board of Trustees must ensure that a procedure is in place for recording each significant incident in which a member of staff uses force on a student, and reporting each such incident to each parent/carer of the student as soon as practicable after the incident.
- If it is likely that reporting an incident to a parent / carer will result in significant harm to the student, significant incidents should be reported to the local authority, after first seeking advice from a member of the senior management team.

Team Teach trained staff at The WASP Centre

Name	Title	Accreditation date
Adrian Hart	Head teacher	07/06/2019
Jo Rowell	Centre Manager	07/06/2019
Angela Cansfield	Support and Welfare Manager	07/06/2019
Sarah Burley	SEND Manager	07/06/2019
Guy Griffith	Tutor	07/06/2019
Wendy Moscrop	Classroom Teacher	07/06/2019
Beth Hart	Classroom Teacher	07/06/2019
Kristina Gambling	Classroom Teacher	07/06/2019
Natasha Jenkins	LSM	07/06/2019
Lena Rose	LSM	07/06/2019
Susie Major	ELSA	07/06/2019
Emma Hayton	LSA	07/06/2019