

## **Dundee City Council Children and Families Service**



### **Nurturing Approaches in Dundee Building Positive Relationships**

#### **Part 2**

#### **Guidelines for Physical Intervention**

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## PHYSICAL INTERVENTION GUIDELINES

### 1.0 INTRODUCTION

- 1.1 Dundee City Council Children and Families Service has produced these guidelines in relation to nurseries and schools to consider the use of physical intervention. In doing so we aim to reduce the number of incidents requiring physical intervention by members of staff and to ensure that, when staff do respond, they do so as safely as possible.
- 1.2 Staff in all education establishments should work within the framework of the Nurturing Approaches – Part 1 De-escalation Guidelines which clearly outline strategies for promoting positive behaviour in all educational establishments.
- 1.3 The guidelines are designed to provide clarity about
- key principles
  - legal issues
  - appropriate planning and risk assessment
  - seclusion
  - training
- 1.4 The physical intervention guidelines have been written with reference to national guidance including Included, Engaged and Involved Part 2

### 2.0 DEFINITION

- 2.1 Physical intervention is defined as any method of responding to distressed behaviour, which involves some degree of direct physical means to limit or restrict movement or mobility. This, when deemed appropriate, can include:
- direct physical contact between one or more members of staff and a pupil
  - materials or equipment which restrict or prevent movement (normally such materials or resources would only be available in special circumstances and described within an individual pupil's care plan or risk assessment)
  - preventing pupils from leaving the premises or an area within the premises - if it is possible that, by doing so, it will cause them, or others, harm - e.g. by holding a door or window shut.

### 3.0 AIMS

- 3.1 The aims of these guidelines are to:
- reduce physical intervention using de-escalation techniques.
  - enable staff to understand that physical intervention is used only as a **last resort**
  - understand that staff have a Duty of Care to physically intervene if appropriate even **without having received prior training**, e.g. stopping someone from running into a road. This should be recorded in the DCC Health and Safety: Violent Incident at works database.

- recognise when physical intervention should be used
- highlight training opportunities for staff ,which would be identified using risk assessment procedures through individual care planning.

#### 4.0 LEGAL FRAMEWORK

##### 4.1. In relation to using Physical Intervention (PI):

- The use of force against/on another person must always be legally justified.
- It should only be used for prevention of significant harm/significant crime.
- The principle of least restriction applies – use of the lowest level of effective intervention for the shortest possible time
- It is used as a last resort; there is no other strategy that could be used
- The employer must provide an organisations policy and recording procedure with regard to risk assessments.
- The employer will provide appropriate training related to a risk assessed need
- The production of legislation/guidance relevant to your service sector

##### 4.2 Other things to consider before using Physical Intervention

- Will PI make the situation better or worse?
- Have all the agreed strategies in the Individual Care Plan (ICP) (Appendix1) been exhausted ?
- Legal justification
- Will it provide a safer outcome ?
- Personal safety of yourself and others
- Medical issues
- Sufficient staffing and staff skill set

##### 4.3 In defending the decision to use Physical Intervention the following must be considered :

- The prevention of **greater** and **significant** harm
- There is observable behaviour indicative of potential and/or foreseeable violence or risk
- Having an awareness of a previous **history** or pattern of escalating aggressive behaviour, this should be written into a risk assessment plan or Individual Care Plan (ICP)
- The discontinuation of the use of force at the **earliest opportunity**
- When staff in exercising their duty of care towards pupils, may judge that to allow a pupil to leave a classroom / area may in fact be the best and safest course of action

## 5.0 KEY PRINCIPLES

### 5.1 When physical intervention is deemed to be used:

- staff must always attempt to de-escalate the situation – see DCC de-escalation guidelines.
- it should only be used when it is judged that there is immediate danger of injury to the pupil or others or of serious damage to property. An example would be holding a person's hands to prevent them hitting someone.
- have regard to your own safety and that of others
- a dynamic risk assessment is undertaken which considers: the level of threat, the young person's motivation, known risks such as medical conditions, environment, self-confidence and competence
- there is no deliberate use of pain
- there is a hierarchy of intervention, beginning with the lowest appropriate level, with a minimum of staff input and it is only used as a last resort
- it is used for the least amount of time with the minimum of force
- no use of any procedure which restricts breathing or impedes the airways, extending, flexing or putting pressure on the joints and pressure on the neck, chest, abdomen or groin
- every time an intervention is used the parent/carer must be informed.

### 5.2 Regular review of pupil plans including Individual Care Plans (ICP) including risk assessments takes place (Appendix 1). Where behaviour is predictable and/or is regularly observed, use of CALM techniques should be integrated into Individual Care Plans including the risk assessment (Appendix 1) and agreed with parents.

## 6.0 Seclusion that is supported

### 6.1 Time out/seclusion should only be considered when observed and evidenced behaviour history has been documented and this has been assessed as an appropriate response

- planned de-escalation technique, which is being used as a positive de-escalation intervention.
- averting immediate danger of personal injury to themselves or others.
- risk assessment has identified that separation is in the best interests of the pupil as a means of lessening his/her anxiety.

Terminology with reference to practices involving various forms of separation include:-

- Time out
- Exclusion
- Segregation
- Seclusion
- Safe-space
- Chill out room
- De-escalation room
- Quiet room
- Calming room
- Garden time
- Solitary
- Inclusive exclusion

**6.2** If following a risk assessment, and in the context of a written ICP (Appendix 1) based on functional assessment, it is observed that separation from others is the least option the following must be put in place:-

- Parental consent.
- Individual Care Plan Safe Space Protocol (Appendix 2) consisting of – time separation should last, staff support inside or outside room, staff observation at all times, use of timers etc., how pupil communicates to staff if he is calm, helpful responses from staff to begin restorative practice.
- Senior Management Team should be asked to attend when the decision to remove a pupil is made.
- Parents should be informed each time a pupil has accessed a safe space/time out in a crisis situation.

**6.3** The Safe Space Recording Form (Appendix 3) should be placed at the entrance to the “time out” room. This should be completed by staff and signed off by SMT. Information will include: the name of the pupil, the time he/she entered the room, whether the pupil requested the time out, when the pupil exited time out and the signature of SMT.

PLEASE NOTE THAT STAFF SHOULD BE ABLE TO OBSERVE THE PUPILS AT ALL TIMES WHILE THEY ARE SEPARATED.

SECLUSION SHOULD NEVER BE USED AS A FORM OF DISCIPLINE OR PUNISHMENT (The European Committee for the Prevention of Torture and Inhumane Treatment 1998).

## **7.0 Staff Development and Training**

**7.1** Staff will have access to training through Nurturing Approaches in Dundee, which include a staged level of training which includes CALM training.

**7.2** Training courses which provide practical instruction in physical intervention techniques, are available to all members of staff through risk assessment and to meet service needs. Details of these can be found on CPD Online.

**7.3** The principles in this document are informed by the British Institute of Learning Difficulties (BILD) Policy Framework and by the training programmes developed by CALM Training Services. The focus of these approaches is on prevention and de-escalation followed up, only if necessary, by physical intervention.

**7.4** CALM training available in Dundee:

- De-escalation theory
- Small Holds for those who work in Early Years settings and /or with small children.
- Core CALM training – up to Level 4
- Extended CALM training – to level 5 which is a higher level of intervention and is only offered through a risk assessment
- Escape Techniques – highlighted through risk assessment
- Re accreditation sessions

Staff do not need to have been trained in CALM to physically intervene, or to assess potential areas of risk. Managing distressed behaviour requiring physical intervention must not be seen to be solely the responsibility of staff who have undertaken physical intervention training.

- 7.5 Staff members will be expected to comply with these guidelines, and, in the case of trained staff, to apply effectively the knowledge and skills gained from training.
- 7.6 Staff who have undertaken PI training should practise regularly and be reaccredited annually. Emails will be sent to Head Teachers to remind them of staff who are required to do this. Reaccreditation sessions can be accessed through CPD online. If staff have not been reaccredited then they should not be using CALM techniques.

## **8.0 REPORTING AND PLANNING**

- 8.1 If there is a foreseeable risk in relation to a young person then the planning process should begin. This would be in the form of an Individual Care Plan and/or Risk Assessment. (Appendix 1 and 2.)
- 8.2 If there has been a violent incident and a CALM technique has been used then the member of staff should follow the DCC Health and Safety: Violent Incident at Work Guidance and complete the proforma (Appendix 4)
- 8.3 If a staff member has been involved in an incident then, as outlined in DCC Health and Safety: Violent Incident at Work Guidance, a debrief is mandatory and must take place by a senior member of staff, see Debriefing Procedure (Appendix 5)
- 8.4 Monitoring the use of PI in educational settings should take place on a termly basis with Head Teachers being responsible for ensuring the correct recording procedures are followed. At local authority level, Children and Families Service officers will collate and report on the use of PI to ensure continuous improvement and identification where staff development and training is required.
- 8.5 Dundee City Council report to CALM annually for accreditation.

## **9.0 PRACTICE AUDIT/REVIEW**

9.1. Senior management, their staff and parents which will allow staff teams and parents to review practice to support the young person.

## **10.0 CONCERNS OR COMPLAINTS**

If there are any concerns or complaints about a member of staff regarding the use of physical intervention, then the following guidance should be referred to:  
Teachers: DNCT 2 Disciplinary Procedures for Teachers and Associated Professionals  
Support staff: Procedure for Dealing with Breaches of Discipline and sub-Standard Work Performance





## REFERENCES

These guidelines have been informed by the following documents:

Allen *Training Carers in physical interventions* (2001)

BILD, *BILD Code of Practice for Trainers in the Use of physical interventions* (2001)

Davidson, Jennifer and McCullough, Dennis and Steckley, Laura and Warren, T. and ,  
University of Strathclyde (2005) *Holding safely : guidance for residential child care  
practitioners and managers about physically restraining children and young people*. Scottish  
Institute for Residential Child Care

Harris et al, *physical interventions: A Policy Framework* (1996)

Department of Health, *Guidance for physical interventions* (2002)

The Stationery Office *Regulation of Care (Requirements as to Care Services) (Scotland)  
Regulations 2002*

Paterson, Martin and Nesbitt, (2011) *Use of Time Out In Scottish Schools*

**INDIVIDUAL CARE PLAN (Appendix 1)**

Session: 2016-2017

Pupil Name:

Updated by whom & date:

BEHAVIOUR OF CONCERN	MEDICAL CONSIDERATIONS (As appropriate)	BEHAVIOURAL ANTECEDENTS	STAFF RESPONSES/SUPPORT		CALM or OTHER INTERVENTIONS (As appropriate)	PROTOCOLS IN PLACE
		Triggers & Cues	Helpful	Unhelpful		

Care Plan **to be reviewed termly, updated when there is a change to your response or the behaviour of concern, re dated and reissued for signing by the parent/carer. Updated copy to be retained by the class team.**

Parent/Carer Signature.....

Date.....

**CALM RISK ASSESSMENT (To be used in conjunction with Care Plan)**

BEHAVIOUR OF CONCERN	PROBABILITY (√)		
	LOW	MEDIUM	HIGH
1			
2			
3			

LOW = Possible but unlikely or infrequent and potential for minor injury

MEDIUM = Likely potential for minor injury

HIGH = Likely and potential for serious or major injury e.g. fracture or multiple/serious injuries

Techniques	Suitable (√)	Unsuitable (√)	Reason for unsuitability
T1 – Basic posture			
T2 - Turning			
T3 - Guiding			
T4 – Comfort Hold			
T5 – Secure Comfort			
T6/1 – Directing (Part1)			
T6/1 – Directing (Part 2)			
T9 – Figure Four			
T6/2 – Cross Hold			
T11 – Figure Four seated			
T13 – Arm & Chest			
T14 – Push Escape			
T18 – Two Person Hold			
T21/3 – Seated Hold			
T10b – Figure Four Sit			
T21/2 – Seated Hold (Parallel Arm)			
T31 – Reverse Removal			
T32 – Leg Hold			
T26 – Armchair Descent			
T29 – Child Restraint			
T28 - Side Restraint			
T15 – Wall descent			

Plan shared with (circle all that are relevant):    **Parent/Carer**                      **Class Team**                      **Promoted Staff**                      **P&A staff**                      **NHS staff**

**SMALL HOLDS RISK ASSESSMENT (To be used in conjunction with Care Plan)**

BEHAVIOUR OF CONCERN	PROBABILITY (√)		
	LOW	MEDIUM	HIGH
1			
2			
3			
4			
5			

LOW = Possible but unlikely or infrequent and potential for minor injury

MEDIUM = Likely potential for minor injury

HIGH = Likely and potential for serious or major injury e.g. fracture or multiple/serious injuries

Techniques	Suitable (√)	Unsuitable (√)	Reason for unsuitability
SH1 – Infant Lift			
SH3 – Supine Assist			
SH4 – Prone Assist			
SH5 – Secure Hug			
SH6 – 2 Person Lift			
SH7 – Armchair Descent			
SH8 – Standing Control			
SH9 – 2 Person Child Restraint			

Plan shared with (circle all that are relevant):    **Parent/Carer**                      **Class Team**                      **Promoted Staff**                      **P&A staff**                      **NHS staff**

## INDIVIDUAL CARE PLAN – (APPENDIX 2): SAFESPACE PROTOCOL

The purpose of the Safespace is to provide a place of refuge for pupils who become so anxious or distressed that their feelings are expressed through challenging behaviours. The Safespace offers a way of escaping the immediate stress of situations that are too difficult to deal with at that particular moment. The Safespace provides an opportunity for the pupil to regain control of their feelings within the reduced stimulus of the Safespace and then re-join their class.

Pupil Name: .....

Session: .....

**I have read and approved the use of this Safespace Protocol with my child:**..... *[Parent/Guardian Signature]*    *Date:* .....

HISTORY	TARGET BEHAVIOUR	ANTECEDENTS TO THE BEHAVIOUR		REQUIRED STAFF RESPONSE	RECORDING PROCEDURES TO BE FOLLOWED	STAFF SUPPORT
		a) The Setting Conditions	b) Trigger & Cues			
		[	[	<p>Check that the Safespace is unoccupied. Open the zip and put the flap back before the pupil is brought to the Safespace.</p> <p>Follow Safespace Guidelines and the instructions on the Risk Assessment during use.</p> <p>If Safespace is occupied, then use previously agreed alternative strategy.</p>	<p>The Safespace Record Sheet (located beside the whiteboard) should be completed each time the Safespace is used.</p>	<p>A minimum of 1:1 Supervision level; Staff to monitor and maintain a 25cm clearway around the Safespace. Staff maintain visual observation of pupils during use.</p>



**Proforma for recording violent incidents**

Pupil Name:		DOB:					
Date:		Time:					
Teaching area – class teacher		Activity :					
Teaching area – P&A teacher							
In corridor							
In school grounds							
Outwith school grounds							
Corridor							
Car Park							
<b>Pupil:Staff Behaviour of Concern</b>		<b>Pupil:Pupil Behaviour of Concern</b>					
<b>Staff Involved</b>		<b>Other pupils involved</b>					
<b>Type of incident</b>		<b>Motivation (where relevant)</b>					
		Racial	Sexual orientation	Disability	Religious belief	Sexual harassment	N/A
Verbal							
Property Damage							
Physical Assault							
Physical Assault with Weapon							
Physical Assault with Improved Weapon							
<b>Details of incident (<u>Facts</u> of the incident):</b>							
<b>Action Taken to resolve situation:</b>							

Was CALM technique used?	YES		NO	
Was Safe Space used?	YES		NO	
Was Safe Space requested?	YES		NO	
Was any other physical intervention used?	YES		NO	

CALM Techniques used :	Duration of each technique:
<b>Staff Involved</b>	<b>Accredited</b>

<b>Consequences of action for Pupils</b>
Were any injuries sustained by the pupil as a direct result of the incident:
Details of how injury occurred :
<b>Consequences of action for Staff</b>
Were any injuries sustained by Staff as a direct result of the incident and any medical treatment required :



Details of how injury occurred :

Debriefing by DHT/HT	YES		NO
	ACTION		DETAILS
<b>Actions Taken (Record all relevant to nursery/school setting)</b>	Phone call to parent/carer or both		
	Change to strategies/interventions currently in place and Single Child's Plan updated accordingly		
	Meeting arranged with parents/carers		
	TATC meeting arranged		
	Other		

DHT or HT Signature:

Date:

## Debriefing procedure to support staff/pupil following a challenging incident

### Purpose of Debriefing

- to be supportive to staff and pupils
- to review the experience of the event on the pupil and the staff
- to review the part played by other people leading up to the event
- establish facts
- to help staff and pupils understand why the event happened
- what has been learned from the event , what can happened differently to help support staff and pupil
- to name and reinforce resources (internal & external)
- Plans/strategies to help support the member of staff an1 pupil through risk assessment and responsive care planning ( Appendix 1)

### Staff Debriefing:

#### Process of Debriefing

Support staff member to decide whether to stay in place of incident or to withdraw



Support member of staff to a place of where they feel comfortable



Allow time to recover



Another adult should be available for support, if appropriate or requested



#### Next Options

- Time to have some time to themselves
- To return to work once they feel able to
- To go home if they feel they can't go back to work
- To seek medical advice if it is required

The staff member could then be offered support within or outwith school  
eg Counselling Service



**Record keeping:** to include any intervention on a Violent incident Form, including use of CALM. Using Individual Care Plan ( Appendix 2) to inform planning.



#### Next Steps

- Reflect on the incident – what happened, how can we change our response/strategies?
- Identify necessary strategies/risk
- Assessment resulting from this
- Add necessary targets/information to record keeping in ICP

Questions to ask/points to consider:  
Environment

Could the trigger be prevented ?  
Staff response  
Was it an effective intervention?  
What other interventions could be considered



**Ongoing evaluation of:**

- staff welfare
- organisation culture/ethos
- all recording processes in place
- all appropriate supports in place
- all services involved/consulted for advice

## **For Pupil**

### **Immediately after incident staff should:**

Support the young person to a calm environment

or remove other young people to create a safe environment



Support young person to de-escalate using helpful techniques agreed in ICP

### **Once calm**

Investigate reasons/triggers e.g.:

- Stress
- Anger
- Misunderstanding
- Over-stimulation



If time out setting identified, clear rationale is required and agreed in ICP  
Clear plan for support must be developed and agreed with partners



Monitor student/evaluate plan



Progress next planning steps at earliest & most suitable point



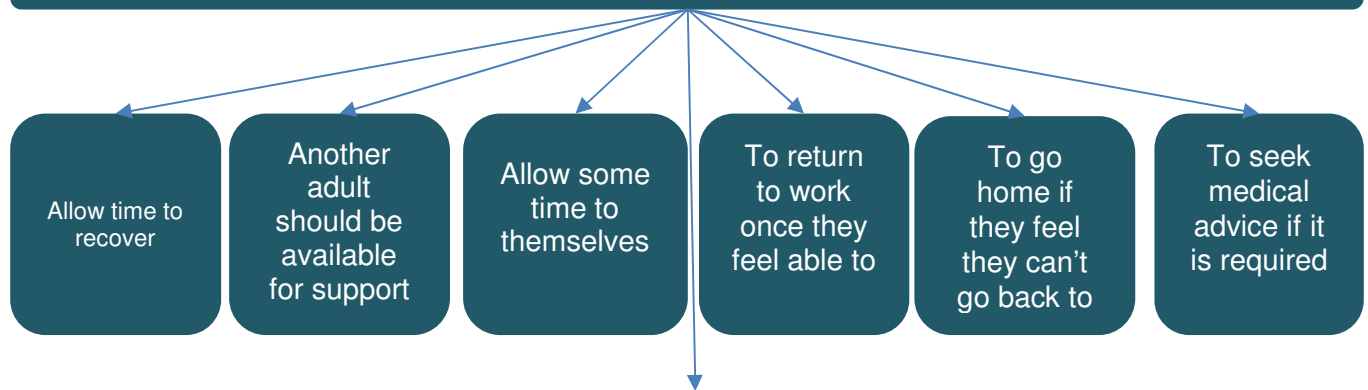
Self- Evaluation steps

- With student
- With staff team
- Partnership joint planning & review
- Ongoing consultation with Psychological Service, or other service

# STAFF DEBRIEFING PROCESS

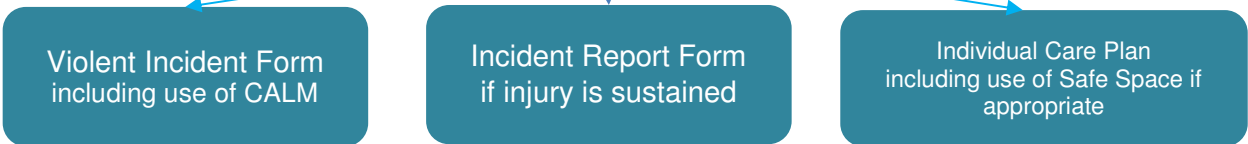
From Nurturing Approaches in Dundee Parts 1 and 2

Staff member to decide whether to stay in the place of the incident or withdraw

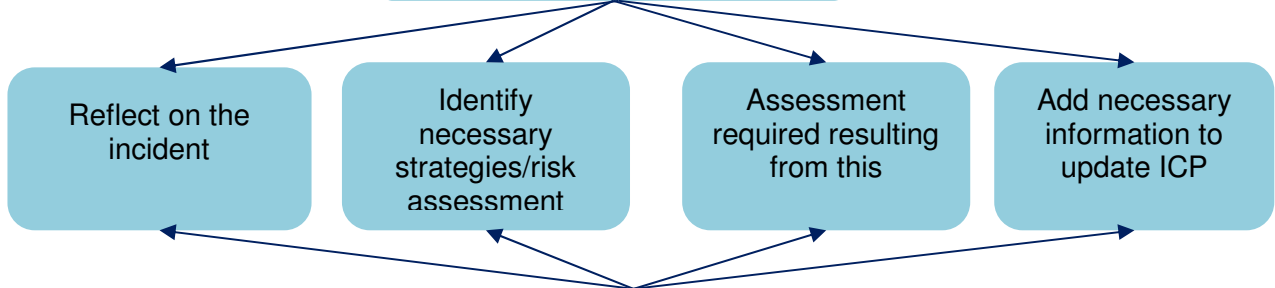


The staff member could then be offered support within or outwith school

## Record Keeping



## Next Steps



Questions to ask/points to consider:

- Environment
- Could the trigger be prevented?
- Staff response
- Was it an effective intervention?
- What other interventions could be considered?

## Ongoing evaluation

