



BISHOPS CASTLE PRIMARY SCHOOL

Positive (Physical) Handling

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Physical Handling Policy

Background

We aim to help children take responsibility for their own behaviour. This can be done through a combination of approaches which include:

- Positive role modelling
- Setting and enforcing appropriate boundaries and expectations
- Providing positive feedback

However, there are very occasional times when a child's behaviour presents particular challenges that may require physical handling.

Bishops Castle Primary School acknowledges our legal responsibility to make reasonable adjustments for disabled and SEN children in line with our duty to meet their needs.

Definitions

There are two main types of physical handling.

1. *Positive Handling* - The positive use of touch is a normal part of human interaction. Touch might be appropriate in a range of situations

- Giving guidance to children (such as how to hold a paintbrush or a pair of scissors)
- Providing emotional support (such as placing an arm around a distressed child)
- Physical care (such as first aid or toileting)

We exercise appropriate care when using touch.

2. *Restrictive physical intervention* - This is when we need to use physical force intentionally to restrict a child's movement against his or her will.

3. Physically guiding children to encourage help them to understand or follow instructions accurately. See the risk assessment in Appendix 2.

This policy is based on national guidance.

Principles for the use of restrictive physical intervention

Restrictive physical handling will be used in the context of positive behaviour management approaches.

We will only use restrictive physical intervention in extreme circumstances and it is not the preferred way of managing children's behaviour.

We will do all we can in order to avoid using restrictive physical intervention.

Restrictive physical intervention will only be used when we believe its use is in the child's best interest: their needs are paramount.

When children are in danger of hurting themselves, others or of causing significant damage, we have a responsibility to intervene.

When restrictive physical intervention is used, it is used within the principle of reasonable minimal force in proportion to the circumstances. We will use as little restrictive force as necessary in order to maintain safety. We will use this for as short a period as possible.

When can restrictive physical intervention be used?

Restrictive physical intervention can be justified when:

- Someone is injuring themselves or others
- Someone is damaging property
- There is suspicion that although injury, damage or other crime has not yet happened, it is about to happen.

We might use restrictive physical intervention if a child is trying to leave the school or out on a trip and it is judged that the child would be at risk.

The aim in using restrictive physical intervention is to restore safety, both for the child and those around him or her.

What type of restrictive physical intervention can and cannot be used?

Any use of restrictive physical intervention in our setting is consistent with the principle of reasonable minimal force.

We will:

- Aim for side-by-side contact with the child.
- Aim for no gap between the adult's and child's body.
- Aim to keep the adult's back as straight as possible.
- Hold children by 'long' bones i.e. avoid grasping at joints where pain and damage are most likely.
- Ensure that there is no restriction to the child's ability to breathe.
- Avoid lifting children.

Planning

In an emergency we will do our best within our duty of care and using reasonable minimal force. After an emergency the situation is reviewed and plans for an appropriate future response are made.

An individual behaviour plan for the child will then be written. If this behaviour plan includes restrictive physical intervention it will be just one part of a whole approach to supporting a child's behaviour.

Everyone involved in the child's care will contribute to the behaviour plan, which will be recorded and reviewed.

Recording and reporting

We will record any use of restrictive physical intervention within 24 hours of the incident. (See Appendix 1 for record sheet.)

Supporting and reviewing

It is distressing to be involved in a restrictive physical intervention, whether as the person doing the holding, the child being held or someone observing or hearing about what has happened. Support will be given to all those who were involved.

After a restrictive physical intervention we will review the child's behaviour plan so that the risk of needing to use restrictive physical intervention again is reduced.

Monitoring

Monitoring the use of restrictive physical intervention will help identify trends and therefore help develop our ability to meet the needs of children without using restrictive physical intervention. This will be done through keeping records and ongoing discussions.

Complaints:

Where anyone (child, parent or guardian) has a concern, this should be dealt with through the school's complaints procedure as detailed in the Complaints' Policy which is available on the school website or from the office on request.

Appendix 1

USE OF RESTRICTIVE PHYSICAL INTERVENTION RECORD

Name of young person:		Name of person writing report:	
Date & time of incident:		Location of incident:	
Name(s) of staff involved:		Name (s) of witnesses:	
Incident book completed:		Yes	No
Reason for intervention: <ul style="list-style-type: none"> • Injury to a person • Damage to property • Criminal offence • Serious disruption • Absconding 		External agencies informed <ul style="list-style-type: none"> • Medical staff • Parent/carer • Social worker • Police • other 	
Describe events leading up to the incident:			
✓ Behaviours that occurred:			
Verbal abuse	Slapping	Punching	
Biting	Pinching	Spitting	
Kicking	Hair grab	Neck grab	
Clothing grab	Body holds	Arm grab	
Weapons/missiles	Head butting	Self-mutilation	
Pushing	Disruption	Damage to property	
Who was at risk?			
Describe any changes made to routines, staff or environment in an attempt to reduce the risk:			
✓ Diversions, Distractions & De-escalation strategies attempted:			
Verbal advice		Limited choice	
Clear directions		Distraction	
Negations		Planned ignoring	
Take up time		Consequences	
Time out		Humour	
Change of staff		Success reminders	

✓ Physical interventions used & duration of restraint:		
Help hug	Sitting wrap	Other:
Cradle hug	One person escort	
Wrap	Two person escort	
Why was this action in the best interest of the student?		
Medical intervention		
Injury to child:	Action taken:	
Injury to staff:	Action taken:	
Injury to others:	Action taken:	
✓ Action following the event:		
Person responsible for safeguarding has checked this record:		
Parent/carer informed by phone:		
Parent/carer informed by letter:		
Risk assessment to be carried out:		
Positive Handling Plan to be completed:		
Procedural change:		
Student support:		
Staff support:		
Relationship repair:		
Disciplinary action:		
Has any complaint been lodged: YES NO (details not to be recorded here)		
Sign:	Name:	Role:

PLEASE NOTE: If a copy of this document is to be shared with parents, names of pupils involved should be removed and the names of members of staff should only be included with their consent.

Appendix 2

BISHOPS CASTLE PRIMARY SCHOOL
Health and Safety Risk Assessment for Physically Guiding Pupils

<u>Activity or environment</u>	<u>Risks or hazards</u>	<u>Remedial measures</u>
<p>Guiding or directing pupils to sit, stand or move.</p>	<p>Pupil may be unpleasantly surprised by sudden physical contact</p> <p>Pupil may be accidentally hurt by physical contact</p> <p>Staff may be accused of inappropriate contact or inappropriate use of force – which does not have to amount to a large force. This can have serious consequences</p>	<p>Use voice and hand gestures at first and for as much as possible. Train the children in how to understand movement instructions and how to understand pointing. Only resort to physical guidance when there is an absolute necessity.</p> <p>Make sure that the children can see you. Avoid making physical contact wholly from behind.</p> <p>Use a soft tone of voice so that the children feel reassured that they have not done anything wrong. They will understand better if they are not stressed.</p> <p>Only use soft, gentle pressure. Avoid short, sharp shoves, no matter how weak. Gently, take the hand, like at playtime. Or gently guide the arm or shoulder.</p> <p>As a yardstick, treat each child with the same level of respect that you would show their parents or your colleagues</p>