



Guidelines for using Physical Interventions and Restrictive Practices- December 2021.

Including the use of

- **Time Out**
- **Withdrawal**
- **Seclusion / Sensory Rooms.**

Ethos: This policy reflects the school's ethos and is written in consultation with the following partners – staff, parents and patron. It is noted that a small percentage of pupils have Moderate Learning Disability and /or additional diagnoses such as ADHD, ASD, Emotional Disturbance etc. Our school in the first instance applies the principles outlined in our Code of Behaviour, which provide guidelines to staff on the use of day-to-day positive behavioural management strategies. These are designed to help all pupils to modify/manage their own behaviour in the long-term. Where these strategies are not working and it is foreseeable that a pupil might engage in high-risk behaviours requiring a physical intervention or restrictive practice, this policy applies.

For the purpose of this policy a child is defined as any child attending the school regardless of age.

The Board of Management takes seriously its duty of care to pupils, employees and visitors noting that:

The paramount concerns are for the safety and welfare of the pupils in the school as well as for the safety and welfare of the adults who look after them - therefore we will aim to implement our duty of care to all affected by our work at all times.

The policy is based on guidance from the following:

- Education and Welfare Act 2000
- Health and Safety at Work Act 2007 Safety, Health and Welfare At Work Act, 2005 (as well as other statutes and standards)
- Safeguarding Children
- Guidelines for Schools on Supporting Students with Behavioural, Emotional and Social Difficulties - An information guide for Primary Schools: DES 2013.

Other Relevant YFNS Policies

- Child Protection
- Anti Bullying
- Code of Behaviour
- Health and Safety
- Admissions and Enrolment
- Grievance / Complaint Procedures.

AIMS AND OBJECTIVES:

1. To provide clear guidelines to staff, pupils and parents regarding the use of restrictive practices/physical interventions in schools, including the use of time out and withdrawal
2. To emphasise a culture within the school of prevention and reduction of the use of physical interventions/restrictive practices.
3. To manage serious incidents when they occur.
4. To reduce the risks associated with serious incidents such as injuries to self or others or serious damage to property.

SECTION 1 - PHYSICAL CONTACT

There are occasions when physical contact is used in our school, such as patting a child in affirmation, administering first aid and meeting intimate care needs. However, our duty of care to others means that it may on occasion also be necessary to use physical contact to restrain a child who is putting themselves or another person at risk of injury. This policy governs the use of these practices. The following table, which is not exhaustive, outlines the circumstances where physical contact may be used in the school:

Category 1	Category 2	Category 3	Category 4
Reassurance/ Comfort	Intimate Care First Aid Safety	Non-Contact Restrictions/ Containment	Use of Physical Intervention/ Force 2 members of staff to be present
Pat on arm for praise/ reassurance	Cleaning cuts / applying plasters	Coded access on doors. Infant door lockable from inside	Disengaging from a grab/ hair pull / kick / bite
Holding hand of child for guidance	Toileting	Locks on cleaning cupboards	Escorting a resisting pupil to a safer location
High Fives	Lifting a child down from a height	Fences / Wall / Hedges around playgrounds	Breaking up a fight/ blocking a pupil's path
	Personal hygiene e.g. handwashing	Harnesses / Seat belts on transport	Restraint
	Taking a dangerous object from a child	Prevention from participating in certain curricular activities that may pose unacceptable risks	Withdrawal
		Seclusion	

Categories 1 and 2 are necessary in order to take care of and teach our pupils and are not considered to be restrictive.

Categories 3 and 4, however, *are* restrictive and require careful thought and consideration before being employed by staff.

Any use of such restrictions must be discussed with the Principal and agreed with parents and in some instances with relevant multi-disciplinary staff.

SECTION 2 - PREVENTION

The school seeks in the first instance to be proactive at all times to prevent and minimise the need to use physical interventions and restrictive practices by employing de-escalation strategies and environmental alterations as follows:

1. De-escalation Strategies

- Sensory breaks
- Calm stance and facial expression of staff,
- Careful use of tone of voice and choice of words by staff,
- Change of staff,
- Distraction/diversion,
- Use of humour, negotiation, offering choices, outlining limits/boundaries, positive reminders, planned ignoring, reassurance,
- Short tasks only, time given to process/cool down, verbal supports, visual schedules, praise, use of rewards, close supervision.
- Temporary removal from situation.

2. Environmental Alterations

- Comfort areas,
- Pupil support rooms,
- 1:1 teaching areas,
- Access to preferred activities where possible,
- Access to skilled staff where possible,
- Timetables organised to minimise risks, ,
- Opportunities provided to 'burn off energy',
- Locks on some doors,
- Reduced access to equipment in some rooms,
- Coded access to front door and offices
- Fenced in playgrounds
- Zen Den.

3. Pupils with Positive Handling Plans (see Section 3) are prioritised for meetings with staff and parents to discuss and review prevention strategies.

SECTION 3 - POSITIVE HANDLING PLANS (see sample Appendix B)

These are devised for pupils assessed as being of greatest risk of needing restrictive physical interventions in consultation with the NEPS psychologist and parents. Other multi- disciplinary support services are requested as necessary. It should be signed by parents and Principal.

This plan should ideally contain the following:

- a brief history of the pupil
- a brief outline of likes/dislikes and known triggers
- a functional assessment of the behaviour using information from several sources such as parents, previous staff, carers, and appropriate behavioural assessment charts and graphs

- a multi- element behaviour support plan outlining environmental alterations, direct interventions, skills teaching and reactive strategies
- de-escalation strategies to employ when behaviours start to occur
- recommended physical interventions which may be employed when de-escalation strategies are unsuccessful or not possible
- planned reviews of any recommended restrictive practices
- a list of persons to whom the plan needs to be communicated

SECTION 4 - Training:

In October 2018, all teaching staff and SNAs underwent training in ‘Managing Aggression and Violence in Schools’ provided by Cara Training and approved by the DES.

A. Unforeseen or Emergency Situations: e.g. a child suddenly tries to climb over a fence or run out on a road, or attempts to hurt another unexpectedly – **all staff** must use their judgement and take appropriate action to safeguard pupils or staff whilst calling for assistance from trained staff.

B. Pupils with Positive Handling Plans: The school will endeavour to ensure that staff with up to date training and knowledge of the pupil’s plan are available to these pupils. In the event that this is not possible any staff member should take appropriate action to safeguard the situation whilst calling for assistance from trained staff.

SECTION 6 - DECIDING WHETHER OR NOT TO USE FORCE

The school endeavours to encourage staff to STOP AND THINK before employing a physical intervention as follows:

ACT	BALANCE	CHOOSE
<ul style="list-style-type: none"> • Adopt a calm, non-threatening stance and posture • Use a slow controlled voice • Give clear verbal directions • Pause and allow time for compliance 	<ul style="list-style-type: none"> • The likely outcomes if restraint is used against the likely outcomes if it is not • Short term risks versus long term risks • Best interests of the child / the best interests of other children / staff 	<ul style="list-style-type: none"> • Persons who are most likely to succeed • Best place available • Best time available • Minimum use of force necessary to achieve the desired result

SECTION 7 - USING A RESTRAINT

If a restraint is used staff must ask themselves the following questions:

- Am I using the minimum force for the shortest time?
- Is the hold I’m using correct?
- Can I reduce the amount of pressure?
- How best can I communicate with the child and with other staff?
- Should I ask someone else to take over?

SECTION 8 - LAST RESORT/EARLY INTERVENTION

Force or restraint should only be used as a last resort. This does not mean that all other possible strategies must be tried and tested beforehand. It means that staff must make a considered judgement balancing the risks involved, thus allowing informed decisions be made. Some children may have stereotypical patterns of behaviour which alert staff to a developing crisis. Early action may prevent a risk of injury, thus justifying the use of the physical intervention. The child's Positive Handling Plan should reflect this.

SECTION 9 - USING TIME-OUT/WITHDRAWAL/COMFORT/SECLUSION/SENSORY ROOMS

Sometimes a child cannot manage in a classroom setting for a variety of reasons and needs to be withdrawn to allow teaching and learning to continue for the rest of the pupils. This can happen in 3 ways:

- 1. Time Out** – This may be used informally for pupils who need time or space to calm/ cool down, i.e. child is encouraged or prompted to move to another table, chair or designated classroom area for a short period of time or may be sent 'on a message'. The purpose of this is to divert or distract the pupil. SNA support may be enlisted.
- 2. Withdrawal/Comfort** – This may be used to move a child to another place outside of the classroom where he or she is continually supported or monitored by staff either inside or outside the area the child is in. This may involve physically intervening to move the child and/or preventing the child from leaving the area until staff consider that it is safe to do so. Staff must continuously attempt to distract or divert the child and return the child to his or classroom as soon as it is safe to do so. This may take some time if the pupil demonstrates that he/she requires a break from activities that he/she finds over-stimulating. Doors are not secured in this instance. *A Positive handling Plan agreed with parents is needed for this intervention if physical interventions are required to move the pupil from the classroom.* The purpose of this is to safeguard pupils and staff in situations that have the potential to be high risk to themselves or others.

SECTION 10 - POST INCIDENT SUPPORT

Following an incident the priority is to look after the pupils and staff involved before reports are filled out and reviews held.

Incident Report/Debriefing (Appendix C)

Incident reports should be filled out by the staff involved following the use of force or restraint as outlined in Section 1, Category 4, above. The best time to fill out an incident report is when the situation has settled and the pupil and staff have had time to recover. The form is then checked by the Principal and Deputy to decide if any follow up action is required to provide any further care or reassurance to pupils or staff, to review the interventions used by staff and to inform any future recommendations.

It is practice to provide parents with copies of incidents reports on request, as long as there is no further risk to children or breach of data protection re other pupils or staff. Both the Principal and Deputy check and discuss each incident report involving physical interventions/restraint. The incidents are recorded in the Incident Report Book. Parents are informed of every incident. The Principal is the only person authorised by the Board to release an incident report to a parent. The Principal may defer to the Chairperson of the Board if necessary.

Checklist for Principal/Deputy Principal

CHECK	RECORD	REPORT TO	REVIEW (if necessary)
Has anyone been hurt? (pupils or staff) Is medical attention required? Does anyone need a drink of water/rest?	Check Incident Report and decide if any follow up is required If injuries were sustained, fill out accident report for insurance purposes	Parents BOM if necessary Insurers if medical attention was necessary	Positive Handling Plan Policy Guidance Risk Assessment Staff Training

SECTION 11 - COMPLAINTS AND ALLEGATIONS:

The school seeks to engage positively with parents regarding all aspects of their child’s education, care and management. Parents of pupils who engage in high risk challenging behaviours are prioritised for meetings/phone calls etc. with the Principal or Deputy. The school will endeavour to keep parents informed in a manner that is reasonable and in the best interests of the child. This will take the form of meetings, phone calls, diaries or letters.

How to make a Complaint:

- Parents wishing to make complaint should in the first instance contact the Principal who will furnish the parent with a copy of the Complaints Procedure.
- Staff wishing to make a complaint should in the first instance contact the Principal who will furnish the staff member with a copy of the Complaints Procedure (also available on the server).

SECTION 12 - REVIEW PROCEDURES

It is recommended that this policy is reviewed annually, in the light of changing information and in consultation with the wider community.

Ratified by the Board of Management on _____ Review Date: December 2022

Appendix B - POSITIVE HANDLING PLAN

Pupil's Name & D.O. B.	Names of staff and parents involved in devising this plan	Start Date	Date Plan - Discontinued

1. Functional Assessment of Behaviour:

Trigger	Behaviour	Function (escape, attention, tangible, sensory)	Consequence (eg child avoided or gained something)

2. Behaviour Support Plan:

Environmental Alteration	Direct Intervention (control of triggers)	Skills Teaching (coping, tolerance, function, general)	Reactive Strategies (see3)

3. Reactive Strategies:

	What you see	What you do
Anxious phase		
Escalation Phase		
Crises Phase		
Recovery Phase		

4. Recommended Physical Interventions for this child (as per policy guidelines and training):

Non-contact Restrictions / Containment	Disengagement strategy	Physical Intervention	Use of support room for withdrawal or seclusion
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5. Review Dates & Comments:

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6. Incident Diary:

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7. Plan communicated to: (signed and dated).

Parents:	Class Staff:	Principal:
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Appendix C - Restraint Report and Risk Assessment

Pupil: _____ Class _____

- *What happened?*
- *What were the risks involved?*
- *What did you do?*
- *Why did you do what you did?*

Date:	Time:	Location:
<p><i>What happened?</i></p> <p>(brief outline of the significant aspects of the incident)</p>		
<p><i>What were the risks involved?</i></p> <p>(to pupil, staff or other pupils)</p>		
<p><i>What did you do?</i></p> <p>(factual, brief account of the actions you took. Include any 'on the spot' actions you took to minimise risks to the child, other children or staff). See overleaf for assistance paragraph 1</p>		
<p><i>How was this in the best interests of the child?</i> (see overleaf paragraph 2)</p>		

Other staff present: _____

Signed: _____

Date: _____

Signed: _____

Principal

Incident Sheet (& Risk Assessment)

1. Helpful Phrases for 'What did you do?'

Asked for assistance - drew towards - eased away - encouraged - guided – used a help hug - led child to the support room/yard/sensory room where s/he could be monitored/observed - monitored/observed (from outside the door) - moved child away from the area of the incident – (see paragraph 3 below) used physical prompt - used visuals/schedules/timetables - reassured - secured the door - supported - talked pupil down - withdrew other pupils – cleared the area of items that could be thrown – moved other pupils away from danger – asked for help – cleared the area of other pupils – sent for a senior member of staff – asked other staff to withdraw from the area – withdrew myself to a safe distance – kept an eye out for members of the public who might be at risk – prevent emotional/psychological distress to other pupils

2. Helpful Phrases for 'How was this in the best interests of the child?'

Maintain dignity of the child - prevent negative social outcome for child - prevent distress - prevent pain – reduce risk of injury - reduce possibility of... - unsafe situation for pupil(s)/staff - welfare of pupil(s)/staff etc.....prevent emotional/psychological distress

3. Sample script to 'talk pupil down'

Use the following script to assist you to 'talk pupils down' during an incident where the pupil is demonstrating by his/her actions that s/he is feeling 'out of control'

1. *Name* (pause to get attention). *I can see something has happened.*
2. *I can see you are upset.*
3. *Tell me what happened* (if pupil can verbalise) **OR** *I'll find out what happened from name* (staff member, parent, other pupil).
4. *I want to help you.*
5. *Let's - go outside / inside - go for a walk - to another room, etc.* (try to get pupil to move away from the scene of the incident depending on the situation).

Offer water if appropriate.