Micklem Primary School
Restrictive Physical Intervention Policy

Responsible Committee	Resources
Ratified Date	September 2025
Reviewed	September 2026
Next Review Date	September 2027
Signature	K. Shah
Print Name	K.Shah

The Micklem Way

At Micklem Primary School, we believe that physical intervention can support a healthy, happy and safe learning environment. We believe that positive physical interaction is a key part in building relationships and that, at times, physical intervention is required to ensure the safety of an individual or a group.

The adults in school
Smile
Calm and Consistent
Praise Prosocial Behaviours

School Rules
Be Kind.
Show Respect.
Aim High.

Over and Above
Curiosity
Resilience
Initiative

Relentless Routines

1. Walking not talking 
2. Legendary Lines 
3. Magnet Eyes 

4. Stop Hand 

Parents Involved
Where physical intervention has been used to deter or stop dangerous behaviours that require physical intervention, this will be shared with the parents of the child as soon as reasonably possible.
Where adaptations to this policy are required to support a child's specific needs, this will be carried out in conjunction with parents.

SLT Involvement
SLT must be involved when physical intervention to deter or stop dangerous behaviours is taking place. Where SLT are not available to deal with the situation, they must be alerted to the physical intervention as soon as reasonably possible.

Physical Intervention to deter or stop dangerous behaviours (described in more detail in the policy)

- Closed Mitten
- Offering an Arm
- Supportive Hug
- Supportive Arm
- Supportive Arm Paired
- Open Mitten
- Open Mitten Guide to Communicate
- Open Mitten Guide
- Open Mitten Guide Paired
- Open Mitten Escort
- Open Mitten Escort Paired

The desired outcome is SAFETY NOT DESTINATION.

Restorative Chat Choose 5

- What happened?
- What were you thinking at the time?
- What have you thought since?
- How did this make people feel?
- Who has been affected?
- What should we do to put things right?
- How can we do things differently in the future?

Rules

- You will all get to talk.
- We do not interrupt another person, even if we disagree.
- We will agree on a solution or appropriate consequence.

Records
Dangerous behaviours that require physical intervention will be logged on CPOMs with the correct physical intervention tagged.

Positive Physical Intervention

- High 5
- Hand on the shoulder
- 'knuckles, spud, respect'
- Side on hug (instigated by child)
- Hand holding (instigated by the child)

Fix what has been broken

- Apologise to those that have been harmed.
- Explain what has been done to make it right.
- Check that those that were harmed are okay.
- Any further action needed?

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1. Introduction

Good behaviour in schools is essential for a good education.
At Micklem Primary School, we believe that everyone in our school has the right to:

- *feel safe*
- *be respected*
- *learn*
- *a sense of belonging*

Our three school rules support this. They are:
Be Kind.
Show Respect.
Aim High.
These rules are on display in every classroom and in communal areas around the school.

Our pupils are welcomed into a positive, nurturing and aspirational environment that allows all children to make progress. In order to enable this, the school adopts a behaviour policy (in keeping with Therapeutic Thinking practice) that is based on positivity, praise, respectful relationships and reflection. More information regarding Therapeutic Thinking can be found here: https://therapeuticthinking.co.uk/ It relies heavily upon the importance of **praising and rewarding in public** and **reprimanding (where necessary) in private**.

The purpose of the physical intervention policy is to make clear to the whole school community:

- *what positive physical intervention is acceptable*
- *how staff use physical intervention to protect the safety of an individual and those around them*

This policy is for pupils, staff, parents and governors, who will all be expected to meet the standards set out.

2. Legal Framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Education Act 2011
- Education and Inspections Act 2006
- Health Act 2006
- The School Information (England) Regulations 2008
- Equality Act 2010
- DfE (2013) Use of reasonable force - GOV.UK
- DfE (2015) Special educational needs and disability code of practice: 0 to 25 years
- DfE (2018) Mental health and behaviour in schools - GOV.UK
- DfE (2024) Behaviour in Schools - Advice for headteachers and school staff Feb 2024
- DfE (2025) Keeping children safe in education 2025
- DfE (2022) Searching, Screening and Confiscation - GOV.UK
- DfE (2023) Suspension and Permanent Exclusion from maintained schools, academies and pupil referral units in England, including pupil movement

This policy also works in conjunction with the following school policies:

- Behaviour Policy
- Children Looked After & Children known to a Social Worker Policy
- Equality Information and Objectives and Accessibility Plan 2023-26
- Inclusion Policy
- Online Safety Policy
- Safeguarding and Child Protection Policy
- Suspensions and Exclusions Policy

3. Roles and Responsibilities

The Governing Board will have overall responsibility for:

- Making a statement of behaviour principles, and providing guidance for the headteacher on promoting good behaviour where appropriate.
- Ensuring that this policy, as written, does not discriminate on any grounds, including, but not limited to, age, disability, gender reassignment, gender identity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.
- Promoting a whole-school culture where calm, dignity and structure encompass every space and activity.
- Handling complaints regarding this policy, as outlined in the school's Complaints Procedures Policy.
- Ensuring this policy is published on the school website.

The Headteacher will be responsible for:

- The monitoring and implementation of this policy and of the behaviour procedures at the school. This includes monitoring the policy's effectiveness in addressing any SEMH (Social, Emotional and Mental Health) related drivers of poor behaviour.
- Acting in accordance with the statement of behaviour principles made by the governing board, and having any regard to guidance provided by the governing board on promoting good behaviour.
- Establishing high expectations of pupils' conduct and behaviour, and implementing measures to achieve this.
- Determining the school rules and any disciplinary consequences for breaking the rules.
- The day-to-day implementation of this policy.
- Publicising this policy in writing to staff, parents and pupils at least once a year.
- Reporting to the governing board on the implementation of this policy, including its effectiveness in addressing any SEMH-related issues that could be driving disruptive behaviour.

The Mental Health Lead will be responsible for:

- Overseeing the whole-school approach to mental health, including how this is reflected in this policy, how staff are supported with managing pupils with SEMH related behavioural difficulties, and how the school engages pupils and parents with regards to the behaviour of pupils with SEMH difficulties.
- Supporting behaviour management in line with the SEMH Policy.

The SENCO will be responsible for:

- Collaborating with the Governing Board, Headteacher and the Mental Health Lead, as part of the SLT, to determine the strategic development of behaviour and SEMH policies and provisions in the school.
- Undertaking day-to-day responsibilities for the successful operation of the behaviour and SEMH policies to support pupils with SEND, in line with the school's Special Educational Needs and Disabilities (SEND) Policy.
- Supporting teachers in the further assessment of a pupil's strengths and areas for improvement and advising on the effective implementation of support.
- Communicating adaptations to this policy with parents, where a child's specific level of need requires an adaptation.

Teaching staff will be responsible for:

- Planning and reviewing support for pupils with behavioural difficulties in collaboration with parents, the SENCO and, where appropriate, the pupils themselves.
- Aiming to teach all pupils the full curriculum, whatever their prior attainment.

- Planning lessons to address potential areas of difficulty to ensure that there are no barriers to every pupil achieving, and that every pupil with behavioural difficulties will be able to study the full national curriculum.
- Teaching and modelling expected behaviour and positive relationships, demonstrating good habits.
- Being responsible and accountable for the progress and development of the pupils in their class.
- Not tolerating disruption and taking proportionate action to restore acceptable standards of behaviour.
- Using positive physical intervention to support children's mental health and wellbeing.

All members of staff, including teaching and support staff, and volunteers will be responsible for:

- Adhering to this policy and applying it consistently and fairly.
- Promoting a supportive and high-quality learning environment.
- Modelling high levels of behaviour.
- Being aware of the signs of behavioural difficulties.
- Setting high expectations for every pupil.
- Being aware of the needs, outcomes sought, and support provided to any pupils with specific behavioural needs.
- Keeping the relevant figures of authority up-to-date with any changes in behaviour.

The relevant figures of authority include:
Headteacher
Deputy Headteacher
Assistant Headteacher
SENCO

Pupils will be responsible for:

- Their own behaviour both inside school and out in the wider community.
- Reporting any unacceptable behaviour to a member of staff.

Parents/Carers will be responsible for:

- Supporting their child in adhering to the school rules and reinforcing this at home.
- Informing the school of any changes in circumstances which may affect their child's behaviour.
- Supporting the school to make adaptations for their child's provision (where required).

4. Definitions

For the purposes of the Behaviour Policy, the school will define "***dangerous behaviour***" as any behaviour which may cause harm to oneself or others, damage the reputation of the school within the wider community, and/or any illegal behaviour. This will include, but is not limited to, the following:

- Discrimination – not giving equal respect to an individual on the basis of age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation
- Harassment – behaviour towards others which is unwanted, offensive and affects the dignity of the individual or group of individuals
- Vexatious behaviour – deliberately acting in a manner so as to cause annoyance or irritation
- Bullying – a type of harassment which involves personal abuse or persistent actions which humiliate, intimidate, frighten or demean the individual being bullied
- Cyberbullying – the use of electronic communication to bully a person, typically by sending messages of an intimidating or threatening nature

- Possession of legal or illegal drugs, alcohol or tobacco
- Possession of banned items
- Truancy and running away from school
- Refusing to comply with disciplinary consequences
- Theft
- Verbal abuse, including swearing, racist remarks and threatening language
- Fighting and aggression
- Persistent disobedience or disruptive behaviour
- Extreme behaviour, such as violence and serious vandalism
- Any behaviour that threatens safety or presents a serious danger
- Any behaviour that seriously inhibits the learning of pupils
- Any behaviour that requires the immediate attention of a staff member

For the purposes of this policy, the school will define "**dangerous behaviours that require physical intervention**" as any behaviour which may cause physical harm to oneself or others. This will include, but is not limited to, the following:

- Fighting and aggression
- Extreme behaviour, such as violence
- Any behaviour that threatens safety or presents a serious danger
- Moving towards an individual with the intent to do harm
- Spitting
- Hitting
- Kicking
- Headbutting
- Biting
- Threatening behaviour with a weapon

5. Staff induction, development and support

All new staff will be inducted clearly into the school's behaviour and safety culture to ensure they understand its rules and routines and how best to support all pupils to participate in creating the culture of the school. Staff will be provided with bespoke training, where necessary, on the needs of pupils at the school to enable behaviour to be managed consistently. All staff will take part in 'Therapeutic Thinking' training led by a qualified trainer. Staff will receive updates and refresher training throughout the year.
The SLT will consider any appropriate training which is required for staff to meet their duties and functions in accordance with this policy, including on understanding matters which may affect a pupil's behaviour, e.g. SEND and mental health needs. The Therapeutic Thinking Leads will offer bespoke training on physical intervention dependent on the different roles that staff hold. All staff will be taught the basics to keep themselves and others safe.
The SLT and the Headteacher will review staff training needs annually, and in response to any serious or persistent behaviour issues disrupting the running of the school.

6. Three components of physical intervention that must be avoided

When considering the use of physical intervention or restrictive physical intervention there are only 3 components that can be judged as wrong. **These will not be used in our setting.**

- a negative impact on the process of breathing
- pain as a direct result of the technique
- a sense of violation

Restricting Breathing



A child or adult held in any way which results in their shoulders being held forward of their hips will start to impact on the natural movement of the abdomen, diaphragm and chest. This can lead to restricted breathing.
This is specifically relevant where the child may be seated in chairs or held seated on the floor.
Factors such as height, weight, obesity, breathing difficulties and heart conditions could all increase the risk of hyperflexion.

Restricting Breathing (basket type holds)





Basket type holds rely on the child being restricted around their abdomen, diaphragm or chest.
Restricted breathing could occur when adult arms, the student's own arms or their clothing is held in a way that could restrict their free movement.
Factors such as development, height, weight, obesity, breathing difficulties and heart conditions could all increase the risk.
Wrap type holds were used historically and are increasingly considered to carry unacceptable levels of risk.

Pulling and Dragging





Pulling and dragging would be where staff attempted to move a child holding a hand or wrist and pulling on an extended arm.
Factors such as instability of joints, muscle tone and balance could all increase risk.
Small, young and developing children would have increased risk of injury.
Where children are held or moved, we should aim to maintain a 'Penguin Shape' (more detail in 'the basics' section) where the child's arms are by their sides, and nothing is impacting on the abdomen, diaphragm or chest.

Elevated Risk

The following can all result in a sense of violation, pain or restricted breathing:

- the use of clothing or belts to restrict movement (including in wheelchairs and pushchairs)
- holding a person lying on their chest or back
- pushing on the neck, chest or stomach
- extending or flexing of joints (pulling and tugging)

The following can all result in significant injury:

- forcing a student up or down steps or stairs
- dragging a student from a confined space
- lifting and carrying, including carrying young students who are capable of walking (unless in an emergency such as a fire, where a child has 'frozen' with fear')
- seclusion, where a person is forced to spend time alone against their will (requires a court order except on an emergency)

Seclusion

- Seclusion, where a person is forced to spend time alone against their will.
- The use of seclusion can only be a planned response within specialist settings such as sectioned mental health.
- To consider an incident an emergency it would need to be dangerous behaviour that could not have been foreseen.
- Where dangerous behaviour is unforeseen seclusion should only be considered where the use of Restrictive Physical Intervention is not possible and all other options have been considered.

7. Touch

In this section, the school will look to define and clarify if, when, why and how staff will use different levels of touch.

Lap sitting

- Will only take place when instigated by a child.
- Children in the Early Years Foundation Stage may be comforted by sitting on an adult's lap.
- Children will sit on the adults knee, rather than their 'lap'.
- Children in Key Stage 1 and 2 will be comforted in a different way.
- Some children might have a plan put in place in conjunction between school and parents/carers that differs from this policy.

Physically comforting a child

- School adults can comfort a child by putting a hand around their shoulder and giving a side-on hug.
- Where a child instigates a face-to- face hug, it is the duty of the school adult to rotate to ensure that the hug is side-on.
- A hug should never be instigated by a school adult without consent.
- Where a child is visibly upset, a school adult may offer, "***Would you like a hug?***" and turn their body, offering an arm around the shoulder.
- A school adult can offer 'an arm' for a child that is upset.
- A school adult can offer their hand for a child to hold, but the adult must not grip the child's hand in case the child pulls away.
- Some children might have a plan put in place in conjunction between school and parents/carers that differs from this policy.

Physically separating a child from their parent/carer

- School adults can stand between a child and their parent/carer to support separation.
- School adults may hold a child using the appropriate holds laid out in this policy to support a child to move away from their parent/carer.
- School adults will not attempt to pull or prise a child away from their parent/carer (including opening a child's fist).
- Some children might have a plan put in place in conjunction between school and

parents/carers that differs from this policy.

Carrying

- No child that can walk will be carried for any reason other than an emergency.
- Example of an emergency would be a child refusing to leave the classroom when the fire alarm is sounding.
- Some children might have a plan put in place in conjunction between school and parents/carers that differs from this policy.

Steering guiding or escorting a child

- Where possible, children should not be moved against their wishes.
- School adults may deem it appropriate to escort a child away from a situation that is:
  - dangerous
  - distracting the learning of others
  - going to put any child at risk of harm
- School adults will only use appropriate holds, set out in this policy, to move a child.
- Some children might have a plan put in place in conjunction between school and parents/carers that differs from this policy.

Physical prompts

- School adults may put their hand on a child's shoulder to remind them of expectations.
- School adults can offer a high five or knuckles to a child to show they have done well or to greet them.
- Clicking may be used as a non-verbal cue when a school adult is teaching/talking to somebody else.
- Some children might have a plan put in place in conjunction between school and parents/carers that differs from this policy.

Intervention in fights and assaults

- School adults will separate the fight or assault by moving between the two parties.
- Where this does not immediately end the incident, the member of staff will attempt to divert the assailant using appropriate holds set out in this policy.
- Where the assailant has hold of someone, school adults will use 'locking in' (detailed in the policy) to reduce the risk of further damage to an individual.
- Some children might have a plan put in place in conjunction between school and parents/carers that differs from this policy.

Restrictive physical intervention (RPI) or restraint

- When a child is at imminent risk of harm, school adults can use restrictive physical intervention to ensure everyone's safety.
- This is for emergency situations only.
- Some children might have a plan put in place in conjunction between school and parents/carers that differs from this policy.
- Any incident of RPI will be recorded via CPOMs with the name of the intervention tagged.

8. Intimacy and Consent

- Physical intervention should be in the student's best interest and should be conscious of the need to differentiate the attachment to staff from the attachment to key adults such as parents and siblings.
- Regardless of age, physical intervention should not provide intimacy within a transient relationship.
- Touch with no communication, sustained physical closeness, sustained eye contact can all develop intimacy.
- If a child initiates contact without communication, school adults will remind them of the need to seek consent.
- Adults will ask for consent before contact with a child, or will verbally offer contact while holding out a hand.
- Where a child is heightened and unable to regulate themselves, school adults will narrate any contact with the child, for the child's benefit eg. "***I am going to put my hand on your arm to help you move away.***"

9. The Basics

Certain terminology will be repeated often when we consider the use of physical intervention or restrictive physical intervention.

Stance

Stance describes the adult standing in a way that:

- Maximises balance
- Protects the back
- Is aware of hip security
- Is aware of head safety
- Avoids bending or twisting



Stance:

- Feet set at least shoulder width apart
- Soft knees
- Contact at the hip
- Head aware
- Body aligned , no unnecessary twist or bend

Stance L shape

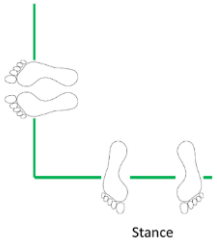
Stance:

- Feet set at least shoulder width apart
- Soft knees
- Adults' feet make an L shape with child's feet. Head aware
- Body aligned , no unnecessary twist or bend



Stance:

- Feet set at least shoulder width apart
- Soft knees
- Adults' feet make an L shape with child's feet. Head aware
- Body aligned , no unnecessary twist or bend


Stance

Hip to Hip

Hip to hip:

- Refers to standing beside a child ensuring the hip is in contact with the child as close to their hip as possible. To achieve this staff may need to kneel or even sit on the floor when working with small children.



Hip to hip, slightly behind:

- Refers to standing beside a child ensuring the hip is in contact with the child as close to their hip as possible.
- Slightly behind suggests tucked just behind the child to aid forward movement.



Octopus Shape

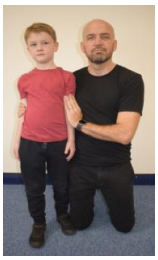
- Refers to a child who is physically struggling with arms and legs moving and twisting.
- A struggling child held by hands or wrists or held in a way that allows their body to twist and bend puts strain on joints and can lead to abrasion and bruising.



Penguin Shape

Refers to a child held so they are not twisting and turning putting strain on vulnerable joints.

- Arms safely secured by their sides
- Held hip to hip
- Maintained standing where possible



Communication Intention

Refers to communicating with the child what is happening and where we are heading. It can include reassurance 'I am here to help' and positive phrasing 'breathe with me, take a big breath, look at Mrs. Smith etc. (think of it as a running commentary)

It is essential that we plan to communicate with children with adaptive communication to ensure they are aware of what is happening.

De-escalation Script
The de-escalation script should be used like a 5-point menu. Any element can be chosen as an appropriate response to the aggression or challenge presented by the student.
De-escalation script is designed to remove heat from a situation and create space and time.
Examples:

- "***Child's name.***"
- "**I can see something has happened.**"
- "**I am here to help.**"
- "**Talk and I will listen.**"
- "**Come with me and……**"

10. Physical Intervention

Closed Mitten




- Used to draw a student close:
  - Fingers and thumb together
  - The hand must remain in a mitten to avoid the possibility of gripping. Gripping hands can result in bruising consistent with poor practice.

Offering an Arm



- To support, guide or escort:
  - Stance
  - Hip to hip
  - Arm is offered – explicit teaching
  - Student accepts the invite
  - Communicate intention
  - Draw elbow in for extra security

Supporting Hug



- To support, guide or escort or to communicate comfort or reward:
  - Stance
  - Hip to hip
  - Closed mittens around each shoulder
  - Communicate intention, consider de-escalation script

Supportive Arm



- To support, guide or escort:
  - Stance
  - Maintain penguin shape
  - Hip to hip
  - Closed mittens above or around each elbow
  - Communicate intention, consider de-escalation script

Supportive Arm Paired

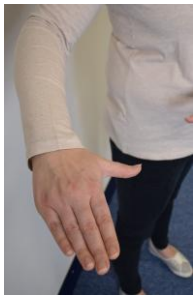


- To support, guide or escort:
  - Stance
  - Maintain penguin shape
  - Hip to hip, slightly behind
  - Closed mittens around each shoulder
  - Communicate intention, consider de-escalation script

As behaviour escalates, School Adults will need to adapt their practice. This will lead to:

<u>Open Mittens Many Uses</u>

Open mittens can be used:



- to provide low level protection when close to a child.
- to turn a child away from a stimulus.
- to guide a child in a preferred direction.
- to guide a child away from physical or verbal conflict.

to encourage.

Open Mitten

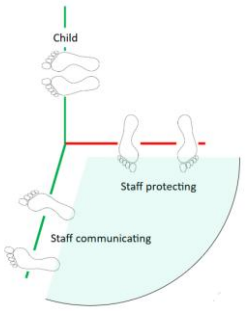
- To support, guide or escort, used to move a student away:
  - Fingers together
  - Thumb away from fingers
  - Palms parallel to floor
  - The hand should remain in a mitten to avoid the possibility of gripping. Gripping hands can result in bruising consistent with poor practice.

Open Mitten Guide to Communicate



- To support, guide or escort:
  - Stance
  - Contact just above elbow
  - Intermittent eye contact
  - Free hand reassuring or directing
  - Communicate intention, consider de-escalation script

Open Mitten Guide Arc



- As the danger increases, school adults should arc from beside the child to stance L shape.
- Side by side to communicate.
- Stance L shape to protect.

Open Mitten Guide

- To support, guide, escort, or protect, used to move a student away.
- Stance L shape.
- Maintain penguin shape.
- Palm parallel to the floor.
- Staff positioned behind with extended arm to protect.
- Communicate intention, consider de-escalation script.



Open Mitten Guide - Paired



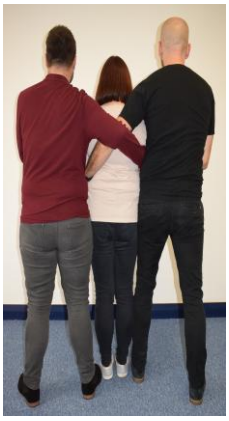
Open Mitten Escort

- To support, guide or escort.
- Stance.
- Hip to Hip.
- Open Mittens above each elbow.
- Palms parallel to the floor.
- Nudge.
- Communicate intention, consider de-escalation script.



Open Mitten Escort - Paired





Open Mitten Escort - Principle

Students who are allowed to plant their feet may drop, kick or spit at others. Keeping the feet occupied with movement occupies the brain and reduces the disruptive options. The use of open mitten escorting is carried out with the understanding that the desired outcome is SAFETY NOT DESTINATION.

11. Intervention

At Micklem Primary School we support and expect a gradient approach to interventions and training:

- ***Physical Intervention Therapeutic Thinking (Step On)***
  - ***Space and stance***
  - ***de-escalation script***
  - ***supporting, guiding and escorting***
- ***RPI Therapeutic Thinking (Step Up)***
- ***Emergency Intervention (common law)***

12. Protective and Educational Consequences

Protective consequences

(removal of a freedom to manage harm)

Protective consequences are necessary measures to manage the risk of harm. Protective consequences may limit freedoms. These may include:

- Temporary increased staff ratio
- Limited access to outside space
- Escorted in social situations
- Restricted off site activities
- Differentiated teaching space
- Differentiated curriculum or resources

Educational consequences

(the essential learning, rehearsing or teaching to enable behaviour change)

Educational consequences progress the child's understanding and engagement. Where protective consequences are necessary educational consequences should allow the gradual removal of adaptations. Educational consequences return freedoms. These may include:

- Learning and understanding the relevance of a task

- Rehearsing and practising behaviour
- Understanding and assisting with repairs
- Educational opportunities (chance to learn)
- Researching the implications of behaviour
- Conversation and exploration (developing empathy, tolerance and understanding)

13. Final Considerations

Punishment and bribery control behaviour

Reward and consequence inspires and teaches behaviour

Two key questions:

1. What does the child need to learn?

2. How are we going to teach them?

- **Appendix 1 - Audited Need for identifying Restrictive Intervention or Restraint needs**

Name:	DOB:	Age:

How well equipped is the school/setting to manage the inclusion of this child or young person?	
Is the child or young person's 'Roots and Fruits' updated?	
Experiences affecting the child or young person	
Feelings affecting the child or young person	
Physical characteristics (height, weight, physical differences)	
Additional risk factors (medical or emotional diagnosis or needs, substance misuse etc.)	
Communication differences (visual or hearing impairment, adaptive communication)	
Is the child or young persons 'Individual Risk Reduction Plan' updated?	
Context or Triggers (high risk times, places, people, activities etc)	
De-escalation options to use (unusual strategies that are effective)	
De-escalation options to avoid (common strategies that have proved ineffective)	
Principle of 'last resort' why may de-escalation be ineffective (triggers are hidden, difficulty in communicating)	
Staff matching (who is best to de-escalate, who is safest for involvement with RPI)?	
Training needs (does anybody require additional training in de-escalation, RPI, Communication)?	
JUSTIFICATION (what harm will be prevented at what level)?	
Environmental Risk Assessment (necessary changes chairs etc, limited access)	
Protective consequences (limits to freedom to CONTROL risk of harm)	
Educational consequences (how are we going to TEACH internal discipline)	
Unresolved risk factors (issues for management)	

Appendix 2 – Restrictive Intervention Consideration Form

Student Name:	
D.O.B:	
Reporting Member of Staff:	

Location of Incident:	
Time and Date of Incident:	

Justification for physical intervention (tick all that apply):		**Predicted harm prevented by physical intervention with predicted levels (see Individual Plan)** e.g. bruising to peers, lacerations, destruction of computer, 20 mins of geography lost for 15 child or young person's etc.)
To prevent harm to self	☐	
To prevent harm to other children	☐	
To prevent harm to adults	☐	
To prevent damage to property	☐	
To prevent loss of learning (see plan)	☐	

Incident Form/Book Complete	Y/N
Medical Treatment / Injuries	Y/N
Damage to Property	Y/N

Name(s) of additional staff witness:	**Name(s) of additional student witness:**

Unresolved Harm/ Details of damage to property (costs and details of harm to property and people including medical intervention:

Triggers:
Additional factors:

Management:	**Comments:**	
How was the incident resolved?		
What were the Consequences? Protective and Educational		
Has student reparation/ de-brief taken place?	**Y/N**	

Has staff de-brief taken place?	**Y/N**	
Has the Risk Management plan been reviewed or updated?	**Y/N**	
Was there Police involvement?	**Y/N**	
Has there been Internal Exclusion / FTEX / PEX?	**Y/N**	

Primary de-escalation techniques used
(please state order in which they were used)

Verbal advice and support		Offering services of other staff	
Calm talking		Informing of consequences	
Distraction		Taking non-threatening body position	
Reassurance		De-escalation script	
Humour		Clear instruction / warning	
Negotiation		Withdrawal from activity	
Offering choices and options		Diversion	

Number	Description of how technique was employed
1	
2	
3	
4	
5	

Restraint techniques including sequence of techniques, time and staff involved:

Time	Technique	Shape	Staff name
Duration of restraint:		**Duration of incident:**	

Is there any physical mark or harm caused by the use of restraint?	**Y/N**	Details:
Has the student indicated that this was caused by the use of physical intervention?	**Y/N**	Actions: • •

Incident reporting and monitoring	
Incident reported to: Head Teacher by:	
Parents / Carer informed by:	@
Student wellbeing verified by:	@
Staff wellbeing verified by:	@
Incident form completed by:	@

Verification of account of incident:		
Staff name	**Staff signature**	**Date**

Reporting staff name: _____ Signature: _____

Incident form coordinator check signature: _____ Date: _____