Annex: Supplemental Physical Intervention Policy during the full reopening of schools
September 2020

Contents

1. Context

From 1st September 2020, all pupils will return to school following Government Guidance:

Guidance for full opening: schools

Checklist for school leaders to support full opening: behaviour and attendance

Behaviour and discipline in schools- Advice for headteachers and school staff

Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE)

This annex to the school Physical Intervention policy reflects new protective measures and arrangements implemented in response to COVID-19. All other provisions in the Physical Intervention policy remain in force.

2. Protective Measures

School staff can use reasonable force to either control or restrain pupils. A number of staff members have MAPA training (Management of Actual or Potential aggression). For those pupils that have a Positive Handling Plan (PHP), a risk assessment for returning to school will be completed. This risk assessment will directly address the risks associated with the pupils behaviours and coronavirus, so that sensible measures can be put in place to control the risks for pupils and staff. Following completing the risk assessments, schools will need to update the pupils PHP and share both the risk assessment and PHP with parents/carers.

If a non-symptomatic child presents behaviours such as spitting and biting or require care that cannot be provided without close hands-on contact, they should continue to receive care as detailed in their PHP.

If physical intervention is necessary due to challenging behaviour, ideally staff should wear personal protective equipment (PPE), including aprons, gloves and masks. However, staff may not have time to put PPE on if the pupil is hurting themselves and/or others, absconding and/or putting themselves and/or others at risk. Therefore, staff will take extra hygiene precautions in light of COVID-19, this includes adults MAPA trained and pupils with a PHP having a change of clothes within school and washing of exposed area (including pupil's arms, where they've been held), after de-escalation.

Staff MAPA trained have been trained in the correct use of PPE. PPE will be stored in the meeting room.

The decision on whether or not to physically intervene is down to the professional judgement of the member of staff concerned and has to be judged on a case-by-case basis, depending on the circumstances. Our Physical Intervention Policy contains further details.

3. Training of staff

The school has adopted the techniques of Pivotal MAPA (Management of Actual or Potential Aggression). Key staff members have received MAPA training which is refreshed annually – see Appendix 2. If a member of staffs training has lapsed, they have a 3-month period where they are still trained. Pivotal MAPA instructors can offer advice to schools with regards to physical intervention.

4. Safe Spaces

At Braunstone Community Primary there are two safe space rooms. These are a space where children can safely calm from crisis behaviours and/or are feeling anxious and need a room to calm down. These spaces are viewed as a safe environment for children to calm from crisis and are furnished with soft play equipment.

If a child needs to use the safe space this will be cleaned after use or a sign will be placed on the door to warn that cleaning is required before the next use. There will be a cleaning box in each room. Cleaning will include, cleaning door handles with disinfectant wipes/solution, damp cleaning the soft play equipment and following with disinfectant wipe/solution.

5. Recording and monitoring

Incidents of restraints or disengagements must be recorded by staff, using the agreed Hold Till Calm (HTC) form kept on the school server.

Parents/Carers will be contacted prior to physical intervention taking place to inform them that their child's behaviour is escalating. When Parents/Carers arrive at school the following information must be provided:
- When and where the incident took place
- Why physical intervention was used
- What physical intervention was used
- Whether there were any injuries
- What follow up action (support and /or disciplinary) was being taken in relation to their child

6. Positive Handling Plans

Where specified in a risk assessment or after any incidence of restraint a Positive Handling Plan (PHP) must be drawn up by the Inclusion Champion, behaviour team and other relevant staff, using the agreed school proforma updated for COVID-19 – Appendix 3.

PHP's are working documents and must be reviewed by the Inclusion Champion, behaviour team, SENCo and other relevant staff regularly to ensure that they are still effective and take into account relevant needs of individuals.

7. Roles and responsibilities

The Advisory Board:
The Advisory Board helps set down general guidelines on standards of discipline and behaviour, and, are kept informed of any restraints.

Headteacher:
The Headteacher has the responsibility for informing the Advisory Board of the rate of incidents of restraint on a termly basis. The Head Teacher will read and enforce the school's Physical Intervention Policy to ensure pupils and staff are kept safe.

SENCO and Inclusion Champion:
SENCO and Inclusion Champion will monitor PHP and risk assessments on a regular basis and review these in line with the latest government advice and guidance and update parents/carers to these changes.

All staff:
All staff members will be trained in using PPE. MAPA trained staff will be required to bring in spare clothes incase PPE can't be accessed before physical intervention is necessary.
Where PPE has been used, staff will inform the office manager so PPE equipment can be replenished.
ideally staff should wear personal protective equipment (PPE), including aprons, gloves and masks.

If a safe space has been used, staff involved in the physical intervention need to ensure the cleaning team are informed and no one enters the safe space until it has been cleaned thoroughly.

Where physical intervention has occurred, staff members are required to ensure washing of exposed areas, including pupil's arms, where they've been held has taken place.

Record incidents of restraint using the agreed method on the school's incident HTC forms and inform incidents of restraints with parents/careers.

8. Review

This annex will be reviewed by DSAT Behaviour Lead and shared with headteachers and the advisory board in line with the latest government advice.

Discovery Schools
Academy Trust

Individual Pupil Risk Assessment

Pupil: ***   Class:**

Hazard Identified	Person/s at risk	Hazard rating	Control measures	Review
1. ***** may become disinterested and unwilling to participate in lessons/activities, becoming agitated and start to pose a social distancing risk.	- ***** - Other pupils - Staff	Likely severity of consequence: Likelihood of occurrence / 1slight / 2serious / 3major 1 seldom 2 sometimes 3 Frequently — 6 1=insignificant risk 9=extremely high risk	• ***** must be verbally encouraged to reengage or be verbally asked to leave the classroom without entering other areas where children outside of his class bubble are. • If behaviour escalates, staff will physically intervene, while wearing PPE.	Constantly reviewed
2. Risk of absconding. ***** running and trying to get away from adult/refusing to go with adult and entering other pupil 'bubble' areas.	- ***** - Other pupils - Staff	Likely severity of consequence: Likelihood of occurrence / 1slight / 2serious / 3major 1 seldom 2 sometimes — 6 3 Frequently 1=insignificant risk 9=extremely high risk	• ***** must be verbally encouraged to return to his class or a neutral space away from other class bubbles.	Constantly reviewed
3. ***** can become agitated towards others and may show signs of anger that could result in physically hurting others.	• ***** • Pupils • Staff	Likely severity of consequence: Likelihood of occurrence / 1slight / 2serious / 3major 1 seldom 2 sometimes — 6 3 Frequently 1=insignificant risk 9=extremely high risk	• ***** must be verbally encouraged to calm, be distracted or be verbally asked to leave the classroom without entering other areas where children outside of his class bubble are. • If behaviour escalates, staff will physically intervene, while wearing PPE.	Constantly reviewed
4. ***** can physically damage property when in an agitated state.	• ***** • Pupils • Staff	Likely severity of consequence: Likelihood of occurrence / 1slight / 2serious / 3major 1 seldom 2 sometimes — 4 3 Frequently 1=insignificant risk 9=extremely high risk	• ***** can be left to continue unless posing a physical threat to others, while verbally encouraging him to calm and/or distracting him. • If behaviour escalates, staff will physically intervene, while wearing PPE.	Constantly reviewed

Summary
Medium risk, if frequency or severity increases further.

Prepared by: Date:

Authorised by: _____   Date: _____

I have read the above and fully understand the risks and mitigations in place. Please sign and date.

Headteacher: _____   Parent/Carer: _____
Date: _____   Date: _____

Class teacher: _____
Date: _____

Appendix 2: Staff members MAPA trained (EXAMPLE)

Appendix 3: Updated PHP – COVID-19

Braunstone Community Primary School *Be the best version of you!*	**MAPA – Positive Handling Plan**
Pupil Name: xxxxxxxxx	**DOB:** 00.0.0000
Date of Plan: 22/08/2018 **Updated:** 08/03/2019, 05/07/19, 05/10/19, 08/01/2020, 23/03/20, 29/04/2020	**Review Date of PHP:** September 2020

COVID-19 UPDATE: 29/04/2020:
Parents to be called if behaviour escalates and handling becomes a probable action. If parents do not arrive before the risk of harm to self/others becomes great, pupil to be handled as detailed below.

Staff will take extra hygiene precautions in light of COVID-19, this includes adults handling children having a change of clothes within school and washing of exposed area (including pupil's arms, where they've been held) after de-escalation.

What are common triggers, contexts or environmental factors which have led to a dangerous situation in the past?
- Writing Tasks
- Being hurt by another child accidentally or deliberately
- Feeling hungry

- Following adult instructions when he feels he doesn't want to / can't do so
- Unstructured activities – both social times and during transition in class and around school
- Assembly (****'s choice whether he attends).
- Constructive criticism or any form of challenge
- Something happening at home
- Incident during break/lunchtime
- Forgetting his PE kit

What does the behaviour look like?	
Escalating Behaviours	Crisis Behaviours
- Switching off to adults and simply not responding to instructions - Distracting others from their learning by wandering around the classroom and interfering in their tasks. - Throwing equipment - Shouting out and over staff - Leaving the classroom - Drawing on himself - Trying to harm himself with a ruler - Putting his hood up and not engaging - Trying to climb in dangerous places	- Tearful - Anger - Pushing chairs and tables - Running out of the classroom - Stopping children and adults entering or leaving the environment - Hitting out at those within his reach (both staff and peers) - Locking himself in the toilet. - Escaping through windows - Climbing on top of lockers, bookshelves and buildings outside

Key adults who may support:

De-escalation skills	Try	Avoid	Notes
Verbal advice and support	■		It is important that **** is encouraged to make the correct choices even when he is escalating his behaviours as **** will not process lots of language at this time. Use small step targets to support him.
Giving space	■		**** will have already been offered this as part of the trying to prevent crisis happening strategies - he will have already been offered options to have his own space outside the classroom.
Reassurance	■		When **** is becoming more agitated it is important to reassure him that it is not the end of the world and we are here to help him make the right choices, offering him an alternative.
Help scripts	■		It is important to be consistent in the messages that we use with ****, for example: "We are here to help you ****" etc…
Negotiation	■		Negotiation is sometimes required to get **** back on task. Break each lesson into small chunks, giving **** chance to have a positive time in class.
Choices	■		Give limited choices to **** as this makes it easier for him to make an informed choice.

Strategy			Notes
Humour	■		Humour doesn't always work with **** but try. It is important you know what interests **** as this helps to calm him down in crisis. For example, pets and Xbox.
Consequences	■		Consequences work with ****, but make sure that he is calm and understands why the consequences have been put into place and follow his LES plan.
Planned ignoring		■	This can escalate his behaviour try to de-escalate the situation through using distraction or giving a choice and providing take-up time.
Take up time	■		Unless in a dangerous situation do not expect an immediate response to an instruction, request or question. Give **** take up time to respond and then check in in with him a short while later. It does not help **** if adults wait over him as it can raise his anxieties. If he doesn't respond remain calm and introduce choices and consequences etc…
Time-out/time away/out of class	■		This works well but it can take a long time for **** to return to class. Sometimes it its best just to leave **** and give him space.
Supportive touch		■	This can further escalate ****'s behaviour so neds to be avoid.
Transfer adult (fresh face)	■		**** responds to key staff as stated above so where possibly make sure one of these are there. **** responds well to a change of face immediately.
Success reminded	■		**** likes success, so it is important on re-entering the classroom **** is clear in what he is expected to do. Make it clear it is a fresh start and give **** a clear success reminder, for example, we have 15 minutes left I need you to complete 4 questions.
Simple listening	■		Keep language to a minimum to allow simple listening. Our listening needs to be non-judgemental, if you know the facts, listen to **** first and then support him in understanding his actions and the consequence given and how we can move on.
Acknowledgement	■		Always acknowledge how **** is feeling and explain that we can work together to sort this out, but we need to be calm first. Encourage **** to use words which explain his feelings. For example; '**** I can see you are angry, That is ok, but it is not ok to…..'

Apologising			We are supporting **** to 'fix and mend' the damage he has done. It is important that we use this strategy to demarcate the end of an incident. If **** is unable to apologise for whatever reason, try using a sorry letter in staff pigeon holes or for a child drawing a picture to give to them.
Agreeing			If ****'s perception is that someone triggered his behaviour, agree with his point of view but then go onto unpick it to show that his actions where not proportionate to the event. If others have done wrong explain to ****, their consequences as well as his.
Removing audience			**** will often remove himself from the classroom. If not, the key adults will need ask the other children to leave the area.
Others			Try giving **** something to fiddle with from his own fidget box if he is showing signs of escalations but make sure its soft e.g. soft toy/stress ball

Diversions and distractions (Describe interest, words, objects etc. which may divert attention away from an escalating crisis)
- Conversation of interests (Xbox, Pets etc.)
- Computer (will need be wiped down after use)
- Going outside with a ball
- Class motivators
- Reminders to use his safe space (amphitheatre)

Praise points/potential strengths(Areas that can be developed further and built upon)
- Helpful towards others
- Having a job to do (**** is very eager to please)
- Maths

Any medical conditions to be taken into account before using Physical interventions?
None known

Optional Physical Intervention to be used			
	Low	**Medium**	**High**
Disengagements	*If ****'s behaviour is starting to escalate, we will use escort to move **** to a safe environment. We will ensure that we block and move if strikes occur. If **** takes hold of wrist or hair, we will use pull/ push or lever technique to disengage.*		
Young Person Standing Hold	*This can be used to support **** in escorting him to a safe place when he is at crisis. It is important to risk assess the situation and use the lowest level of hold suitable for the time.*		
Young Person Seated Hold	*Wherever possible **** is escorted to a safe place and held in a seated position this will enable **** to regain control quicker. This was he can fix and mend sooner and return back to class without one incident ruining the rest of the day for him.*		
Infant Hold Standing			

Infant Seated Hold (on a chair)	
Infant Seated Hold (kneeling)	
Other	*When calm **** may ask to be left alone in the safe space. It is imperative that adults present continually check on ****, by opening the door slightly asking are you ready and responding appropriately to his answer. For example, Are you ready ****– No go away – Ok I'm here when you are I'll give you space.*

Are there any factors to consider when debriefing? E.g. communication aids, staff etc.

It is important to debrief with ****, clearly talking with **** where his choices went wrong and what he could do next time. **** also needs to take ownership of his behaviours and time should be taken to explain how we can mend what we did wrong also that will try and think about our actions in future to prevent the same events occurring. It is important that he is set a learning task when returning to class which is small and achievable.

How should we record incidents- who, when and how?

If a hold was used then a HTC form needs to be completed. This can be found on the shared drive under Behaviour Folder in Holding Till Calm Form folder. When completing remember to state facts only, be non-judgemental and use initials to show which staff members involved. Remember to explain escalation and crisis.

Parents need to be contacted if any restraints are used, including escorts.

Role	Name	Signature
Headteacher		
SENCO		
Parent/carers		