



Longford Park School

Believe • Belong • Become

Positive Handling Policy

Longford Park School

Date of review: December 2023

Next review: December 2025

Our school values

We **believe** in ourselves and each other.

We all **belong** in our community.

Everyone can **become** the best they can be

Longford Park School recognises that it has a “duty of care” for the pupils at our school. This may involve all staff having to handle pupils to prevent them harming themselves, others or damaging property. We have a legal duty to make reasonable adjustments for disabled children and children with special educational needs (SEN). At Longford Park Primary School there are children with Social Emotional and Mental Health special educational needs that can necessitate the use of restrictive physical intervention to prevent; injury to themselves, staff and pupils, damage to property, or the breakdown of a safe and enjoyable learning environment. The aim of positive handling is not punishment or control but to support safe learning for everyone. The policy has been written to support all staff who come into contact with pupils and for volunteers working within the school to explain the school's arrangements for positive handling. The policy is available to parents on request and on the school website.

Introduction and relevant legislation

The use of all forms of physical intervention and physical contact are governed by the criminal and civil law. The unwarranted or inappropriate use of force may constitute an assault. In addition, it may infringe the human rights of a child or young person. Section 93 of the Education and Inspections Act 2006 enables school staff to use reasonable force to prevent a pupil from:

- Remove disruptive children from the classroom where they have refused to follow an instruction to do so;
- Prevent a pupil behaving in a way that disrupts a school event or a school trip or visit;
- Prevent a pupil leaving the classroom where allowing the pupil to leave would risk their safety or lead to behaviour that disrupts the education of others;
- Prevent a pupil from hurting a member of staff or another pupil, or to stop a fight in the playground; and
- Prevent a pupil at risk of harming themselves through physical outbursts.

As included in the DFE 2013 guidance on ‘The use of reasonable force’ withdrawal should only be considered in exceptional circumstances and it is an offence to lock a person in a room without a court order. Therefore, at no time should the door be locked as to do so is unlawful and can amount to the false imprisonment of a pupil. School **cannot** use force as a punishment.

Training

Training for all staff will be made available and is the responsibility of the Headteacher. No member of staff will be expected to undertake the use of restrictive physical intervention without appropriate training. Arrangements will be made clear as part of the induction of staff and training will be provided as part of on-going staff development. The LA supports authorised training in physical intervention from “Team-Teach”. The school, following discussion with the LA, has decided to follow the Team-Teach model and training for all staff.

Although the training involves adults understanding the correct holds to use for appropriate physical intervention, 95% of the strategies are about de-escalating situations for pupils who are dysregulated.

“Team-Teach techniques seek to avoid injury to children, but is possible that bruising or scratching may occur accidentally and these are not to be seen necessarily as a failure of professional technique, but as a regrettable and infrequent side effect of ensuring that the child remains safe.”

Values and underpinning principles of the policy

Purpose of Policy

Staff have a responsibility to follow this policy and to seek alternative strategies wherever possible in order to prevent the need for physical intervention. **Reasonable force** will only be used as a last resort when all other behaviour management/ de-escalation strategies have failed or when pupils, staff or property are at risk.

Unless an unplanned emergency, positive handling should only be carried out by Team Teach trained staff using appropriate procedures and relating to the pupil's Behaviour Support Plan. In the case of an unplanned emergency restrictive physical intervention may become necessary when a child or young person behaves in an unexpected way, the child or young person may not have a behaviour plan and trained staff may not be on hand. The duty of care still remains if appropriately trained staff are not on hand to assist the child or young person. The response must be **reasonable, proportionate** and **necessary** and use the minimum amount of force necessary to prevent injury and maintain safety, consistent with the circumstances and with any training the staff may have received.

Every effort will be made to ensure that all staff in this school:

- Clearly understand this policy and their responsibilities in the context of their duty of care in taking appropriate measures where reasonable force is necessary
- Are provided with appropriate training to deal with these difficult situations

Individual members of staff cannot be required to use restrictive physical intervention without training. Following training they are required to do so to ensure the safety of pupils and others, including themselves. In exceptional and temporary circumstances some staff may have a valid medical reason not to undertake certain forms of physical intervention. The Head of School must be informed of this incapacity and should try to make reasonable adjustments to the member of staff's duties in order to ensure that the risk of having to use physical intervention is minimised. Such intervention must be in the paramount interests of the child and/or used to prevent behaviour that is prejudicial to maintaining good order and safety in the school.

The application of any form of physical control places staff in a vulnerable situation. It can only be justified according to the circumstances described in this policy. Staff, therefore, have a responsibility to follow the policy and to seek alternative strategies wherever possible in order to prevent the need for physical intervention.

Physical Intervention will only be used as a last resort when all other behaviour support strategies have failed or when pupils, staff, good order or property are at risk.

Definitions

Physical Contact

Situations in which proper physical contact occurs between staff and pupils, used appropriately e.g., when supporting pupils in self-care procedures; in positioning pupils with physical difficulties; in games or P.E etc.

It is acknowledged that some of our pupil's find touch comforting and therefore a child's developmental needs and SEN/ attachment styles needs to be taken into account. Staff will be working towards more acceptable physical contact as alternative comforting physical intervention.

Positive Handling

Physical Intervention

This may be used to divert a pupil from a destructive or disruptive action, for example guiding or leading a pupil with little or no force. These interventions may need to be recorded in the classroom 5 step plans but if used regularly a behaviour support plan will need to be implemented and agreed with the parents/carers and monitored regularly.

Restrictive Physical Intervention

This will involve the use of physical intervention/ reasonable force when there is an immediate risk to pupils, staff or risk of significant damage to property. All such incidents will be recorded on the Record of Restraint/Physical Intervention Form.

This form will be submitted to the Head of School or Deputy Head Teacher. A copy of this is to be placed in the pupils' file, another numbered copy in the Restraint/ Serious Incident book. A phone call to the child's parent or carer should happen on the same the restrictive physical intervention has occurred. If the child has a Family

Support Worker or Social Worker, the use of the restrictive physical intervention will be e-mailed on the same the restrictive physical intervention has occurred.

Power to search pupils without consent

In addition to the general power to use reasonable force described above, headteachers and authorised staff can use such force as is reasonable given the circumstances to conduct a search for the following “prohibited items”:

- Knives and weapons
- Alcohol
- Illegal drugs
- Stolen items
- Tobacco and cigarette papers
- Fireworks
- Pornographic images
- Any article that has been or is likely to be used to commit an offence, cause personal injury or damage to property.

Force **cannot** be used to search for items banned under the school rules.

Underpinning Principles

Everyone attending or working in this school has a right to:

- Recognition of their unique identity
- Be treated with respect and dignity
- Learn and work in a safe environment
- Be protected from harm, violence, assault and acts of verbal abuse

Pupils attending this school have a right to:

- Have their needs met
- Be supported and encouraged to make positive choices
- Opportunities to develop self-control
- Be supported in difficult situations
- Have any crisis that may occur safely managed

Parents have a right to:

- Individual consideration of their child's needs by staff who have a responsibility for their care and protection
- Expect staff to undertake their duties and responsibilities in accordance with the school's policies
- Expect the staff in school to respect their parenting decisions, to be non-judgemental and to work in positive partnership with them
- Be informed about school rules, relevant policies and the expected conduct of all pupils and staff working in school
- Be informed about when physical intervention has taken place and to know about the school's complaints procedure

The school will do all they can to ensure:

- That pupils understand the need for and respond to clearly defined limits which govern behaviour in the school
- That pupils will have access to a proactive, supportive environment to enable predictability with the opportunity to be successful

Parents should have committed themselves to ensure the good behaviour of their child and that he/she understands and follows the school's behaviour policy.

Parents will be encouraged to take a full and active part in implementing behaviour support plans both at school and in the home.

Staff authorised to use Restrictive Physical Intervention

By reason of their conditions of service, the Head of school can authorise all teachers to use restrictive physical intervention following appropriate training. Similarly, all Teaching Assistants can be authorised to use restrictive physical intervention.

Untrained staff are not allowed to use planned restrictive physical interventions, (Team-Teach techniques). However untrained staff have a duty of care to ensure the safety of pupils and themselves. Therefore, this may mean the use of some physical intervention during an emergency situation in order to protect themselves or pupils when significant harm or damage appears inevitable. Risk assessments are required to minimise any for seen events.

Authorisation is not given to volunteers or parents and therefore they are not left unsupervised with pupils.

The Head of school is responsible for making clear to whom such authorisation has been given, in what circumstances and settings they may use force and for what duration of time this authorisation will last. The Head of School will ensure that those authorised are aware of and understand, what the authorisation entails by:

- Agreeing the Behaviour Plan for each child involved for planned interventions.
- Ensuring the staff are trained and aware of the Policy and Procedure on Positive Handling.

Those whom the Head of School has not authorised will be told what steps to take in case of an incident where planned physical intervention is needed which is generally, to contact an authorised member of staff.

Supply staff will not be authorised to use physical intervention unless they are familiar with this school's policy, have undertaken training and have been authorised to do so by the Head of School.

The Head of School will maintain a list of those who have been authorised and the training provided. This list will be reviewed yearly and as training occurs.

Staff from the Authority and other Allied Services working within the school

Educational support services and Health Service staff working in schools will have their own policies regarding physical intervention. Such staff will, whilst on the school premises, be expected to be aware of and operate within the policy of this school. No outside professional involved in the school staff will be expected or authorised to use restrictive physical intervention unless they have completed the relevant training.

The school will ensure that all visiting professionals have access to this and other relevant school policies. Visitors have a responsibility to read the school policies and act accordingly.

Preventative and pro-active strategies to deal with challenging behaviour

This section must be read in conjunction with the school's Behaviour Policy.

Strategies for dealing with challenging behaviour.

Staff working with pupils experiencing a range of social, emotional and mental health difficulties are aware that these difficulties may mean that in some instances pupils will not be in control of their actions and emotions.

All staff are aware of the programmes and strategies to be used in the school's Behaviour Management.

Individual staff ensure good communication with all colleagues in the light of behaviour plans developed in line with these procedures.

Every effort will be made to resolve conflicts positively and without harm to pupils or staff, property, buildings or

environment. Pro-active strategies will be used, including using pupils 5 step plans.

Where unacceptable behaviour threatens good order intervention procedures for de-escalating behaviour will be put into place.

If these strategies prove ineffectual then re-active strategies will be put into place. This may involve reasonable force using the minimum degree of force necessary to prevent a child harming him or herself, others or property. Steps to facilitate this will be taken.

Types of Incidents where physical intervention may be required

1. Where action is necessary in self-defence or because there is an imminent risk of injury;
2. Where there is a developing risk of injury, or significant damage to property;
3. Where a pupil is behaving in a way that is compromising good order

Examples of situations which fall into one of the first two categories are:

- A pupil attacks a member of staff or another pupil;
- Pupils are fighting;
- A pupil is engaged in, or is on the verge of committing, deliberate damage or vandalism to property;
- A pupil is causing, or is at risk of causing, injury or damage by accident, by rough play, or by mis-use of dangerous materials or objects;
- A pupil is running in a corridor or on a stairway in a way which he or she might cause an accident or injury to himself, herself or to others;
- A pupil absconds from a class or tries to leave school (NB. this will only apply if a pupil could be at risk if not kept in the classroom or at school).

Physical intervention uses the minimum degree of force necessary for the shortest period of time to prevent a pupil harming himself, herself, others or property

Examples of situations which fall into the third category are:

- A pupil persistently refuses to obey an instruction to leave a classroom;
- A pupil is behaving in a way that is seriously disrupting a lesson.

Pupils who harm themselves

Pupils who regularly seek to harm themselves require personalised plans. This plan should make clear to staff what steps have been agreed to prevent or minimise the self-harming behaviour.

Sanctions and rewards as an alternative to physical intervention

A system of positive rewards and incentives has been developed in classes to encourage appropriate behaviour. See Relational Policy.

Acceptable measures of physical intervention

Any such measures will be most effective in the context of the overall ethos of the school, the way in which staff exercise their responsibilities and the behaviour support strategies used.

The use of any degree of force can only be deemed reasonable if:

- a. It is warranted by the particular circumstances of the incident
- b. It is delivered in accordance with the seriousness of the incident and the consequences which it is intended to prevent
- c. It is carried out as the minimum to achieve the desired result
- d. The age, level of understanding and gender of the pupil are taken into account
- e. The medical and physical needs of the pupil are taken into account
- f. It is likely to achieve the desired result

Wherever possible assistance will be sought from another member of staff before intervening.

Physical intervention uses the minimum degree of force necessary for the shortest period of time to prevent a pupil harming himself, herself, others or property

Physical intervention should be **safe, suitable and appropriate** for the named pupil.

When all proactive strategies have failed to de-escalate the situation then Team-Teach physical interventions will be used but only as taught during training and in a graduated order starting from least restrictive to most intrusive:

Physical Intervention will stop if the child has:

- Difficulty in breathing/ says they cannot breath
- Vomits
- Has a fit or seizure
- Experiences swelling or change of hue of skin

Wherever physical intervention is used staff will keep talking to the pupil, using appropriate language levels, in a reassuring and positive manner unless risk assessment has indicated that this is likely to inflame the situation.

Pupils may be escorted or choose to go to the mindfulness rooms provided in school.

Unplanned Physical Intervention will trigger a risk assessment that must lead to an Individual Behaviour Plan including all pro-active and reactive strategies to be used.

Length of Individual Restraint

- Staff involved in lengthy Team teach physical interventions will allow other members of staff to take over to ensure that incidents do not become a 'personal' issue between the pupil and specific member of staff.
- A restrictive physical intervention lasting more than twenty minutes will trigger the involvement of parents.
- Staff become more vulnerable if involved in lengthy restrictive physical interventions.

Planned Physical Intervention and Risk Assessment

Planned physical intervention will arise from a full assessment of need including a risk assessment and lead to the development of Behaviour Plans.

- Such assessments will be multi-disciplinary documents.
- Planned physical interventions will be agreed and signed in advance between school, parents, other agencies and the pupil if appropriate.
- Medical advice may be required for some pupils.
- Be part of the holistic care/Individual Behaviour Plans including pro-active strategies.
- Recorded in line with the reporting procedures within this policy.
- Used for the shortest time and with minimum force.

Aim: To provide a safe and secure environment for pupils to gain control of their emotions and regulate themselves.

Use of the Mindfulness Rooms:

The mindfulness room needs to be seen by each pupil as a safe place so should never be used as a sanction

A pupil may need the mindfulness room for different reasons:

- To calm down after an incident
- To de-escalate an incident or pre-empt one by changing environments

- A safe place for a pupil during an incident
- A quiet, distraction free environment to regulate, relax or reduce stress/ anxiety

Where possible two staff should be present if a pupil is in the middle of a crisis situation e.g. screaming and showing aggressive behaviour. However, if the pupil needs to calm or simply needs some quiet space to share some quality time with a member of staff then a dynamic risk assessment should be considered if allowing a pupil time alone – in all circumstances this should be considered when drafting a pupils 5 step plan.

Where-ever possible staff should remain in the room with the pupil while in crisis. Some pupils want to be on their own and may request that a door is shut or shut the door on themselves. In this case staff should monitor and observe that the pupil is safe whilst in the room.

Recording

All details of the use of planned or unplanned physical intervention will be recorded on a Record of Physical Intervention form which will include:

- How the incident developed;
- Attempts made to deescalate the situation
- Names of staff or pupils who witnessed the incident;
- The outcome of the incident including any injuries sustained, by any pupil or member of staff; the first aider that checked over the child following the physical intervention and whether any pre-existing or new marks or bruises were observed; level of first aid given;
- Any damage to property which had resulted;
- When, how and at what time parents have been informed;
- (Where possible) pupils view of the incident and link, listen, learn reflection;
- After investigation, a summary of actions taken. If the child or family is supported by social care then an e-mail will be sent to the allocated worker giving details of the physical intervention and any follow up actions.

Staff may find it helpful to seek advice from a senior colleague when compiling a report.

After the review of the incident, copies of the form will be placed on the pupil's file and on the school's general file on the use of physical intervention. A copy will also be sent to the LEA

A Health and Safety Accident/Incident Form (HS1) will be completed and returned to the Sovereign Trust when an injury has occurred during Physical Intervention. If the staff or child has to get further medical support a RIDDOR will be completed within 7 days.

Action after an incident

The Head of School or Deputy Head will ensure that each incident is reviewed and investigated further as required. In cases of physical restraint, serious incidents will be reported to parents, carers and social workers. In deciding what a serious incident is, teachers should use their professional judgement and consider the:

- Pupil's behaviour and level of risk presented at the time of the incident;
- Degree of force used
- Effect on the pupil or member of staff; and
- the child's age

If further action is required in relation to a member of staff or pupil, this will be pursued through the appropriate procedure

- Child Protection Procedure (this may involve investigations by other agencies such as Social Services).
- Staff or Pupil Disciplinary Procedure
- Guidelines for Behaviour Support
- Exclusions Procedure

The member of staff will be kept informed of any action taken.

In the case of action concerning a member of staff, he/she will be advised to seek advice from his/her professional association/union.

Complaints

The availability of a clear policy about reasonable force and early involvement of parents should reduce the likelihood of complaints but may not eliminate them.

Any complaints received by the Head of School from parents, staff or any other persons regarding alleged ill treatment of pupils or injuries received by a student during the course of physical intervention must be investigated fully by the Head of School using the complaints procedure laid down by the Sovereign Trust. This will mean a self-referral to the Local Authority Designated Officer (LADO).

Trafford
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In the instance that a parent or carer feel the incident has not been handled well by the Headteacher they will be directed to the Sovereign Trust Complaints procedure.

The Chair of Governors will be informed of complaints.

Monitoring of Incidents

Whenever a member of staff has occasion to use restrictive physical interventions, this will always be recorded and documented.

Monitoring of incidents will help to ensure that staff are following the correct procedures and will alert the Headteacher to the needs of any pupil whose behaviour can only be contained by the use of Physical Intervention.

This process will also address patterns of incidents and evaluate trends which may be emerging that require further training.

The school will ensure that:

- Records are being appropriately kept
- That patterns of behaviour in individual pupils or at particular times of the day/ certain lessons are being identified and problems addressed
- That training issues arising from the above are being identified and addressed.

Support

The school is committed to providing regular professional development on behaviour strategies/management for all staff in order to maintain the ethos of the school, its values and the boundaries of acceptable behaviour.

Staff who have been involved in difficult incidents will be offered the full support of the Head of School and Deputy Headteacher or SLT in talking through the incident. In this follow up work senior managers and staff will look for "lessons to be learnt" and alter procedures or develop training as the result of these insights.

Pupils who have witnessed an incident of Physical Intervention and who are distressed will be counselled by an appropriate member of staff.

The Post incident Support structure for Pupils and Staff

Following a serious incident, it is the policy of this school to offer support for all involved. Where staff have been involved in an incident involving physical intervention they should have access to counselling and support. Within the school, this will be made available through the Head of School.

All people take different amounts of time to recover from a serious incident. Until the incident has subsided the only priority is to reduce risk and calm the situation down. Staff should avoid saying or doing anything which could inflame the situation during the recovery phase.

Immediate action should be taken to ensure medical help is sought if there are any injuries which require more than basic first aid. Injuries may occur even if staff have attempted to follow all procedures. Part of the post incident support should ensure that staff do not blame themselves for anything that may have gone wrong. Post incident support should also result in an opportunity for learning for all to occur. Time needs to be given to repair relationships between staff and pupils.

Children who have been subject to physical intervention will be given the opportunity to regulate. When appropriate, a pupil may be helped to work through an incident using different techniques e.g. comic strip conversations, restorative practise or mental health support within school. Some pupils will need to be given time to express their feelings, suggest alternative actions for the future and talk through the incident with a trusted member of staff. Some pupils find that revisiting incidents directly is distressing or becomes a trigger for another incident and alternative methods to help them learn from the situation will be required.

Time and effort are put into a post incident support structure to try to ensure that the outcome of a serious incident can be learning, growth and strengthened relationships. Here staff should consider using the model of Restorative Justice, which all staff have received guidance on.

Advisory Committee Consultation

All advisory committee members have been consulted in the development of this policy and their comments taken into account. The policy has been duly ratified in line with statutory procedures.

Parental Consultation

Parents have been consulted and they are informed of the policy and its practical implications for pupils. Their comments have been taken into account and the full policy is held in school and is made available to them on request. Parents who request that individual pupils be exempt from physical intervention are informed that it is the policy of the school and that there are no exceptions on health and safety grounds.

Unacceptable measures of physical intervention

The school is aware of acceptable and unacceptable measures of physical intervention as outlined in DoH/ DfES "Guidance on the use of Restrictive Physical Interventions for Staff working with Children and Adults who Display Extreme Behaviour in Association with Learning Disability and/ or Autistic Spectrum Disorders" (July 2002)

- Locking a child in a room, this is legally called Seclusion (forcing them to spend time alone against their wishes) which requires statutory powers other than in an emergency.
- Physical punishment including slapping, pushing and rough handling
- Physically threatening behaviour including invading personal space inappropriately
- Deprivation food/ drink/ medical /sleep
- Making a pupil wear distinctive clothing
- Restriction to breathing/ circulation
- Pressure on joints
- Use of a mechanical or therapeutic device unless agreed as part of a physical intervention plan.

Deaths in and following restraint continue to occur in the UK in a variety of workplace settings. It is essential that all staff are made aware of the potential dangers associated with restraints, understand their mechanisms and can recognise their early signs.

BACKGROUND

A number of adverse effects (including some deaths) have been reported following the application of restraints. These deaths have been attributed to positional asphyxia (asphyxiation resulting from an individual's body position). Adverse effects of restraint include being unable to breathe, feeling sick or vomiting, developing swelling to the face and neck and development of petechiae (small bloodspots associated with asphyxiation) to the head, neck and chest. This advice sheet serves to remind staff of the dangers of restraint and signs of impending asphyxiation. A degree of positional asphyxia can result from any restraint position in which there is restriction of the neck, chest wall or diaphragm, particularly in those where the head is forced downwards towards the knees. Restraints where the subject is seated require particular caution, since the angle between the chest wall and the lower limbs is already partially decreased. Compression of the torso against or towards the thighs restricts the diaphragm and further compromises lung inflation. This also applies to prone restraints, where the body weight of the individual acts to restrict the chest wall and the abdomen, restricting diaphragm movement.

RISK FACTORS FOR POSITIONAL ASPHYXIA

Any factors that increase the body's oxygen requirements, (for example, physical struggle, anxiety and emotion), will increase the risk of positional asphyxia. A number of specific risk factors are listed below:

- Restriction of or pressure to the neck, chest and abdominal
- Prolonged restraint after physical struggle causing fatigue
- Restraint of an individual of small stature
- Any underlying respiratory disease (e.g. asthma)
- Obesity
- Alcohol or drug intoxication (alcohol and several other drugs can affect the brain's control of breathing and an intoxicated individual is less likely to reposition themselves to allow effective breathing)
- Unrecognised organic disease
- Psychotic states
- Recent head injury
- Presence of an 'excited delirium state', a state of extreme arousal often secondary to mania, schizophrenia or use of drugs such as cocaine, characterised by constant, purposeless activity, often accompanied by increased body temperature. Individuals may die of acute exhaustive mania and this may be precipitated by restraint asphyxia.

A COMBINATION OF CHEST WALL AND ABDOMINAL RESTRICTION IN A SEATED, KNEELING OR LEANING FORWARDS POSITION IS PARTICULARLY DANGEROUS. ANY SEATED HOLDS THAT CAUSE SUCH RESTRICTIONS TO OCCUR SHOULD NOT BE USED IN ANY CIRCUMSTANCES.

IN CONTROLLING AN INDIVIDUAL IN A SEATED POSITION, PARTICULAR CARE MUST BE GIVEN TO KEEPING THE SEATED ANGLE AS ERECT AS POSSIBLE. SUBJECTS MUST BE METICULOUSLY OBSERVED AND MONITORED ACCORDING TO THE ADVICE ON THIS SHEET

IMPORTANT WARNING SIGNS

- An individual struggling to breathe
- complaining of being unable to breathe *
- Evidence or report of individual feeling sick/vomiting
- Swelling, redness or blood spots to face or neck

- Marked expansion of the veins in the neck
- Subject becoming limp or unresponsive
- Change in behaviour (BOTH ESCALATIVE AND DESCALATIVE)
- Loss of or reduced levels of consciousness,
- Respiratory or cardiac arrest
- *Some subjects may complain of being unable to breathe to get staff to release the restraint. Staff should never presume that this is the case and should release or modify the restraint to reduce the amount of body wall restriction

ACTIONS

- Immediately release or modify the restraint as far as possible to affect the immediate reduction in body wall restriction
- Immediately summon medical attention and provide appropriate first aid in line with unit policy
- Not breathing? Administer rescue breaths
- No pulse? Start CPR
- Complete report
- Attend post incident de-briefing

NB: Subjects may complain of being unable to breathe to get staff to release a restraint. Staff should never presume this to be the case and should release/modify the restraint to reduce body wall restriction.

The policy should be read in conjunction with other school policies relating to interaction between adults and pupils and in particular:

- Anti-Bullying policy
- Exclusion policy
- Child protection policy
- Behaviour policy

The policy was prepared after consultation with staff, pupils and parents.

The responsible person for the implementation of the policy is the Head teacher with the support of the deputy headteacher. The policy will be reviewed annually by the deputy headteacher and this process is supported by the Headteacher and the Governing Body.