Policy and Procedure on

Use of Physical Intervention featuring Safety Intervention (CPI)

Cambian Wing College

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1. Monitoring and Review

1.1 The Proprietor will undertake a formal review of this policy for the purpose of monitoring and of the efficiency with which the related duties have been discharged, by no later than one year from the date of approval shown above, or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.

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1.2 The local content of this document will be subject to continuous monitoring, refinement and audit by the Head of Service.

Signed:

Andrew Sutherland
Representative, Proprietor- Cambian Group
Date: Sept 2021

Cassandra Pollitt
Principal
Sept 2021

2. Terminology

2.1 Our aim is to use consistent terminology throughout this policy and all supporting documentation as follows:

'Establishment' or 'Location	This is a generic term which means the child/young person/young adult's Home/school/college. Cambian Wing College is a college.
Individual	Means any child or young person under the age of 18 or young adult between the ages of 18 and 25. At Cambian Wing College we have young people attending and/or residing between the ages of 16-25.
Service Head	This is the senior person with overall responsibility for the college. At Cambian Wing Colllege this is the Principal who is Cassandra Pollitt.** dual registered locations need to include Service Head and Registered Manager if they are not the same person.*
Key Worker	Members of staff that have special responsibility for Individuals residing at or attending the Establishment.
Parent, Carer, Guardian	Means parent or person with Parental Responsibility
Regulatory Authority	Regulatory Authority is the generic term used in this policy to describe the independent regulatory body responsible for inspecting and regulating services. At Cambian Wing College, the education site is regulated by Ofsted and the residential homes by CQC.
Social Worker	This means the worker allocated to the individual/family. If there is no allocated worker, the Duty Social Worker or Team Manager is responsible.
Placing Authority	Placing Authority means the local authority/agency responsible for placing the young person/young adult or commissioning the service
Staff	Means full or part-time employees of Cambian, agency workers, bank workers, contract workers and volunteers.

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3. Legislation and references for further guidance

3.1 The purpose of this policy is to ensure that, as far as reasonably practicable, the safety of all employees, individuals in our care, visitors and any other individuals who may be affected by people handling activities, are safeguarded through compliance with relevant legislation, including:

- The Health & Safety at Work Act (HSWA; 1974)
- The Management of Health & Safety at Work Regulations (MHSWR; 1999)
- Manual Handling Operations Regulations (MHOR; 1992, as amended 2002)
- Lifting Operation & Lifting Equipment Regulations (LOLER; 1998)
- Provision & use of Work Equipment Regulations (PUWER; 1998)
- Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (RIDDOR; 2013)
- Human Rights Act (1998)
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/444051/Use_of_reasonable_force_advice_Reviewed_July_2015.pdf
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/693446/Environments_where_children_can_flourish.pdf
- https://www.cqc.org.uk/sites/default/files/20180322_900803_briefguide-restraint_physical_mechanical_v1.pdf
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf
- The Children's Homes Regulations 2015 have been amended by the Children's Homes (Amendment) Regulations 2015 (the 2015 Regulations). http://www.legislation.gov.uk/uksi/2015/541/contents/made

- Use of reasonable force: Advice for Head teachers/Principals, staff and governing bodies, July 2013: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/444051/Use_of_reasonable_force_advice_Reviewed_July_2015.pdf

- Guidance on the Use of Restrictive Physical Interventions for Staff Working with Children, Young People and Adults who display Extreme Behaviour in Association with Learning Disability and/or Autistic Spectrum Disorders (2002): http://dera.ioe.ac.uk/15434/1/guidance%20on%20the%20use%20of%20restrictive%20physical%20interventions.pdf

- Restrictive Physical Interventions for Pupils/Students with Severe Behavioural Difficulties (2002): http://dera.ioe.ac.uk/15433/1/guidance%20on%20the%20use%20of%20restrictive%20physical%20interventions%20for%20pupils%20with%20severe%20behavioural%20difficulties_2003.pdf

- BILD Code of Practice for the use and reduction of restrictive physical interventions: http://www.bild.org.uk/our-services/books/positive-behaviour-support/bild-code-of-practice

- Positive and Proactive care – Reducing the need for restrictive interventions https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf

- Thematic review of the use of restraint, prolonged seclusion and segregation for people with mental health problems, learning disabilities and/or autism

  https://www.cqc.org.uk/sites/default/files/20181203_restraint-thematic_tor.pdf

- Restraint Reduction Network Training Standards (April 2021) (The Restraint Reduction Network Training Standards - Restraint Reduction Network)
- Safeguarding Legislation updates?

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4. Introduction

4.1 This policy should be read in conjunction with Positive Behaviour Support Policy no 45.

4.2 This policy recognises the positive use of physical contact, as staff are likely to experience many different scenarios involving physical contact (from light to firm pressure touch) with young people/young adults. When touch is used in context and with empathy and due regard for the individual's dignity, it can be a means of providing care, comfort, communication, reassurance and safety.

4.3 This policy deals with the principles of restrictive and non-restrictive practices (i.e. holds and disengagements) based on the Crisis Prevention Institute (CPI) 'Safety Intervention'. It is used with the individuals in our care by staff in Cambian/CareTech locations.

4.4 This policy outlines the legal requirements and the practical procedures that Cambian/CareTech Children's Services follows to ensure the safety of the individuals in our care, staff and visitors to our locations.

4.5 It is recognised that within Cambian there are a number of young people/young adults for whom physical interventions may form part of a range of strategies required to meet their needs and to ensure the safety of others. These strategies must be used only once the relevant de-escalation strategies have been exhausted.

4.6 As an organisation Cambian does not have a 'no touch' policy, as physical contact between staff and young people/young adults might be required. Touch is defined as any physical contact between two or more people and may include the use of objects e.g. to demonstrate how to use a specific equipment or where 'hand over hand prompting' support is required.

4.7 Staff may need to use the opportunity for structured activities to teach boundaries and concepts. Touch may be used as a planned approach, in accordance with an individual young person/young adults plans. Cambian Wing College has additional appendix called 'Guidelines of touch' - a local Guidance on physical contact with young person/young adult.

4.8 This policy has been written with due regard to Local Authority's policies relevant to the Cambian locations, the updated non-statutory advice from the Department for Education 'Use of reasonable force' from July 2013 and the Children's Homes Regulations 2018.

4.9 This policy applies to all staff working in our locations as well as being engaged in off - site activities.

CPI Safety Intervention Programme

4.10 This policy features CPI Safety Intervention Programme. This programme is a Crisis behaviour management system designed as a safe, non-harmful approach to assist staff in the management of a wide range of disruptive, challenging, aggressive, and violent behaviours, including the most acute behavioural disturbances

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and high risk behaviour. The focus is on verbal and non-verbal de-escalation, prevention, and early intervention.

4.11 The CPI Safety Intervention- philosophy enables us to meet Standards, Regulation and Legislation for Individual Homes, Residential Special Colleges and Care Homes.

5. Purpose

5.1 To maintain the safety of the individuals, other young people/young adults, the staff working with them and others.

5.2 To ensure all staff understand the circumstances in which physical intervention is used with individuals in our care, treat all individuals with dignity, courtesy and respect. Recognising psycho-social factors and the bearing of trauma that may impact on individuals.

5.3 To ensure the term 'physical' doesn't necessarily mean 'negative physical contact e.g. 'supportive/therapeutic touch'.

5.4 To clarify the procedures that should be followed to ensure that where physical intervention is used, the techniques are safe and appropriate to the situation.

5.5 To ensure that all adults working with the individuals in our locations are clear about their roles and responsibilities, in order that their own rights, and those of the individual in their care, are protected.

5.6 To ensure that staff who are likely to face situations in which physical intervention may be necessary, are trained appropriately and understand the procedures to be followed in planning, applying and reviewing the use of physical intervention.

5.7 To authorise staff using a physical intervention that is 'reasonable and proportionate' when managing challenging behaviour.

5.8 To ensure that Cambian locations comply with all the relevant current legislation and other National Standards which govern this area of our work.

5.9 To support and encourage best practice, increase the use of successful de-escalation and thus reduce the need for physical intervention to be used.

5.10 Any physical intervention is applied as a last resort after all other options have been exhausted to ensure the safety of the individual or others.

6. Policy

6.1 Not only those with parental responsibility, but all practitioners responsible for care and support –and, as far as possible, the individual themselves, will be involved in the planning, monitoring and review of the strategies identified to address challenging behaviour, including the use of physical intervention.

6.2 At all times our collective aim should be to seek to reduce i) the necessity for physical intervention, ii) the frequency of use and iii) when needed, the intensity –and the level of -intervention. (Refer to Restraint Reduction Network training standards)

6.3 Specific arrangements for an individual will be recorded in their care or health plan and also their Positive Behaviour Support Plan. Physical intervention is only one of a number of examples of physical contact as set out below:

- Intimate care - care which involves contact or proximity to sensitive areas, (e.g. washing, bathing, changing, cleaning, assisting with menstrual management and some medical procedures);

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- Communication - to function as the main form of communication or to encouraged different forms of communication, e.g. when using Intensive Interaction;
- Prompts and guides – as part of teaching, to gain attention or direct movement when guiding young person/young adult between different areas of the building and the site;
- Therapy - e.g. massage, sensory stimulation recommended by a therapist and provided by a trained staff member;
- Playful activity – individuals at early levels of development (regardless of chronological age) are likely to be quite tactile and physical during playful activity;
- Reassurance and comfort – touch can be used to communicate positive emotions, security and comfort (e.g. side–hug) to calm and reassure a distressed young person/young adult;
- Physical support – service for young person/young adult who may have physical difficulties (e.g. transfers in and out of wheelchairs, using a hoist or slide sheet, helping to hold objects),
- Physical Intervention/Restraint – in response to challenging behaviour it may occasionally be necessary to employ the use of Restrictive Physical Intervention, but only as a last resort.

Physical Intervention (Restraint)

6.4 Restraint is defined by CPI's Safety Intervention training as **'the use or threat of force to help do an act which the person resists, or the restriction of the person's liberty of movement, whether or not they resist'.** This definition is also consistent with Mental Capacity Act 2005 definition of restraint.

6.5 In using the above definition restraint can be applied using chemical, environmental, physical, and/or mechanical ways to manage a prevailing or perceived risk.

6.6 Within the Safety Intervention programme touching, holding or physical restraint skills (physical interventions) are used as a last resort to manage risk and qualitatively differ in degrees of restriction in terms of perception and application of intent.

6.7 In an emergency situation, interventions may be used in accordance with guidance in the BILD Code of Practice for Interventions using the relevant Safety Intervention.

6.8 A Positive Behaviour Support Plan (PBSP) identifies the specific intervention that will be sanctioned for use, and under those which may not be used under any circumstances. Where appropriate, a Safety Intervention trainer can be called upon to refresh the team on specific skills.

6.9 The Safety Intervention model consists of the following interventions 'physical holding and disengagement/ emergency responses':

- Safety Intervention Holds form a hierarchy of restriction (low, medium and high). This hierarchy ranges from the least restrictive intervention that allows staff intervening to prompt and guide the

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individual; to an intermediate restriction that allows movement whilst being held; to the most restrictive intervention whereby all movements are limited.

- Safety Intervention Disengagements/-Emergency Responses: use a physical intervention to gain a release from a holding situation whilst minimising pain or injury in situations in which the behaviour has been assessed as a low, medium, high.

6.10 In locations working with the principles of Safety Intervention will include:

- Low, medium and high level restriction in a seated position
- Low, medium and high level restriction in a standing position and transitions

6.11 No physical interventions should be intended to cause pain or harm and the risk of causing accidental harm should always be minimised.

6.12 All restrictive interventions should be used for the shortest time possible and use the least restrictive means to meet the immediate need based on guidance from the Department of Health - Positive and Proactive Care (Legislation and references for further guidance).

6.13 Staff need to use their professional judgement about how best to respond to a situation and each circumstance can only be viewed on a case-by-case basis. The Principal/Behaviour Support Lead must use effective analysis to ensure any of the situations described above are explored and steps taken to prevent those from happening again.

6.14 A measure of physical intervention/restraint may only be used for the purpose of :

- Preventing injury to any person (including the individual who is being restrained)
- Preventing serious damage to the property of any person (including the individual who is being restrained)
- Maintaining challenging and potentially harmful behaviour in the education environment (in a college setting, education staff have the power to use reasonable force to maintain “good order and discipline”). However, this will only be when it is necessary for the safety of the individuals or those around them and only following appropriate analysis of the situation. Restraint that deliberately inflicts pain should not be used and it is always unlawful to use force as a punishment.

6.15 The Opt out sequence should be used as soon as a situation is brought under control, steps should be taken to decrease the intensity of any restrictive intervention as the individual calms and is able to take more control of their own behaviour.

6.16 Staff should not intervene in situations of risk without the presence of another adult, except in exceptional circumstances where the risk of not intervening outweighs the risk of intervening. Staff ratio would be based on a risk assessment of individual young person/young adult’s needs.

6.17 Any individual member of staff using a specified physical intervention must have been trained in the use of that intervention. The only exception will be where the Emergency actions for safety can be justified because of the level of risk posed to themselves or others.

6.18 There may be occasions where the situation presents such a high level of risk that no direct intervention is considered safe or appropriate. In such circumstances it will be necessary to call in outside agencies such as

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the Police. This is particularly important in situations where an individual has some form of weapon that increases the risk of harm being inflicted.

6.19 All staff, as authorised by the Head of Service, that are trained to do so have statutory power to use physical intervention which is reasonable and proportionate, recorded and can be explained.

6.20 All staff working with the individuals in our care are trained in Safety Intervention strategies or another appropriate methodology – please see training section.

7. Procedures

The importance of prevention and restraint reduction

7.1 Within Cambian all young people/young adults will either have a Positive Behaviour Support Plan or Risk Management Plan which incorporates behaviour support. This is a personalised framework used to identify and address any difficult behaviour which cannot be prevented/supported through other more general strategies to behaviour support. All behaviour support plans follow the same format of proactive, active and reactive strategies, enabling a consistent approach to behaviour support for every individual.

7.2 The function of a Positive Behaviour Support Plan is to identify the antecedents (the things that contribute towards) of particular behaviour, and to provide staff with relevant information on how to recognise and address the early signs of crisis in order to de-escalate potential incidents and avoid the need for physical

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intervention/restraint. All the strategies identified in the Positive Behaviour Support Plan should be used to minimise the use of unnecessary physical intervention.

Applying physical intervention/restraint

7.3 Staff must follow localised site-specific procedures for reporting and recording physical interventions, in accordance with our Child Protection and Safeguarding Policy and the associated documents.

7.4 Procedures for physical intervention in all locations will cover:

- A step by step process by which the policy will be implemented
- Who is responsible for implementation and monitoring
- What records need to be kept and how long for
- Any sanctions for staff not following policy e.g. disciplinary
- Supporting documents such as forms, posters, guidance that should be used etc.

7.5 Managers will ensure that all staff have read this policy. The staff member's application of this policy and procedure will be reviewed on an on-going basis.

Special considerations

7.6 There are certain circumstances which must be fully analysed, understood and thoroughly recorded, so that the relevant plans can be reviewed and where appropriate steps taken to prevent such:

- Periods of physical intervention that are of unusual length e.g. an individual being routinely held for more than 10 minutes.
- High numbers of staff involved in an incident, which goes above recommended levels for each level:
    - Safety Intervention Foundation level; minimum 1 and maximum 2 staff carrying out the intervention with 1 or more witnesses/auxiliary members present,
- Situations that are escalating, with restraint being used more frequently.
- Restraint practices becoming the norm/being applied universally or indiscriminately.
- Individuals sustaining injuries.
- Repeated incidents or patterns of behaviour that are easily identifiable.
- Incidents that involve care staff being used on college premises to 'manage' young people/young adults behaviours (as opposed to staff who at the time of the incident should lead particular session e.g. teachers or teaching assistants).
- Incidents that involve young people/young adults being administered prescribed medication on an 'as required' basis to calm, relax or sedate them – Administration of medication policy and procedure (060.02).
- Incidents that involve the intentional use of equipment to physically restrict young people/young adults with or without staff being physically present (e.g. safe space beds, a wheelchair, reins or a safety harness or a seatbelt).

7.7 If any of the above examples have taken place it must be fully evidenced why these were the best or the only solutions at the time, how the action was proportionate to the circumstances and how the young people/young adult's rights were respected.

The context of emergency seclusion

7.8 Emergency seclusion is the supervised containment of a person in a room, which may be locked, or equipment is used to prevent it being opened, to protect others from significant harm. This would include staff or a person blocking the exit with their body or ANY item i.e. a pillow

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7.9 This is an extreme form of restraint. Staff are NOT permitted to use seclusion because the young person/young adult becomes aggressive, for not complying with rules, as a punishment or any other reason.

7.10 Only people detained under the MHA should be considered for seclusion. Under the Mental Health Act Code of Practice, only those persons formerly detained under the Act can be detained for the reason that the Act affords them safeguards and protection from misuse and abuse. Importantly, a person can only be placed in seclusion if they present a significant risk to others.

7.11 At times it may be necessary for a young person/young adult to spend some time away from their peers, or from any stimulus or triggers in order to help them to self-regulate before they are ready to safely re - engage again. Staff must look at various ways in which they may separate a young person/young adult from others if the young person/young adult continues to pose a significant risk to the safety of others, and suggest different ways of managing the situation, ranging from providing an increased level of support, moving to a quieter part of the classroom, home or moving outside of the classroom or the home, as this provide the staff with a greater flexibility.

Restrictions on a young person/young adult's Liberty

7.12 Use of any restrictions on an individual's movement and/or the use of intrusive observations will be carefully considered and questioned where appropriate.

7.13 Managers and staff should know and check what has been done and what else has been tried, that the practice is kept under review and that steps are taken to find **a less restrictive approach** wherever possible. In many circumstances, an individual needs change over time. All managers and staff need to recognise that and think about what the least possible restrictions are to keep an Individual safe.

7.14 There are various types of restrictions such as those mentioned in section 7.6 which in certain circumstances may suggest that an Individual has had their liberty restricted. Other forms are: Locking a door, leaving alone a disabled Individual who cannot move independently, use of high bed sides or high door handles so that Individuals cannot leave the bed or room without staff support.

7.15 However on some occasions, Individuals may find that time on their own is a positive intervention at times of distress, but these interventions should be used sparingly and the situation must be managed sensitively. It also needs to be remembered that some restrictive interventions can form part of a young person/young adult's education, health and care plan for example in young people/young adults Homes, but this will be explored in the young people/young adults Care Plans so it is fully understood.

7.16 It should be noted that the requirements about the use of restraint may differ between college settings and young people/young adult's homes. However a consistent approach to the management and support of behaviour is what best meets the needs of young people/young adults. Therefore, it is expected that the regulations and statutory guidance for young people/young adult's homes about restraint are consistently applied across both the educational and young people/young adult's home settings where they are co-located. If there are differences between the home and college, there needs to be shared understanding amongst staff around how this is managed and how this is in the young person/young adult's best interest.

Deprivation of Liberty Safeguards

7.17 In CQC registered homes, care arrangements/regime which may amount to deprivation of liberty must be explored and advice sought from the relevant Local Authority DoLS department to ensure no deprivation of liberty is taking place without authorisation and DOL safeguards are being applied for – more information read Deprivation of Liberty Safeguards policy.

7.18 Local authorities are under a duty to consider whether any children in need or children looked after are subject to restrictions amounting to deprivation of Liberty. It is our responsibility as a provider to identify potential deprivation of liberty situations and refer each case to relevant authority such as

young person's Local authority who will assess and make a decision about whether any of the cases referred meet criteria for court application.

Reporting and recording

7.19 Employees have a legal duty to report any matter in which safety is compromised. Any physical violence directed towards staff or others needs to be reported and recorded even if individuals feel able to tolerate different levels of aggression Third Party Aggression policy.

7.20 Reporting of incidents enables incidents to be reviewed so that in the future preventative measures can be put into place to avoid the continuation or escalation of aggression. It also addresses the need of individuals to develop more appropriate behaviours in response to difficulty.

7.21 Staff must record any incident using Incident report (45.03.01) or Behaviour Watch (services that have access to it).

7.22 The use of physical or restrictive intervention needs to be reported to the Principal/Behaviour Support Lead and recorded as soon as possible after the event and definitely within 24 hours. There may be a

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need at a later stage to demonstrate that decisions about the intervention used were appropriate, given the circumstances.

7.23 Information must also be entered onto either the software tool for tracking and analysis of Individual behaviour e.g. 'Sleuth' or an electronic Restraint log which will allow analysis of trends and themes and which will assist the multi-disciplinary team working with the individuals in our care.

7.24 Staff must record as much information about the incident as possible, as a minimum the incident report must contain:

- Establishment name
- Date
- People involved (full names)
- Event being reported – description of incident including – antecedent, what has been observed
- Behaviour and consequences; any physical intervention used; the duration of the physical intervention used on any individual hold, the injury, where appropriate – body chart.
- Colleges are required to keep contemporaneous written records of all incidents where physical or restrictive intervention has been used for example a bound incident book
- With numbered pages ~~.~~ or other management information system e.g. Behaviour Watch

7.25 There are particular aspects in relation to the use of physical interventions which Heads of Service / Behaviour Support Leads must explore:

- How does the recording influence practice within college/ home?
- How trends and patterns about Individuals, individual staff and groups of staff being monitored?
- How the views of Individuals, including those who communicate non-verbally are taken into consideration?
- How Individual's consent (Young Adults) in relation to what information can be shared and who with is taken into consideration?
- Where an Individual has fluctuating capacity – when and what plans are being made with the Individual in relation to use of Physical Intervention~~l~~ for the time they are unable to make decision or provide consent?

7.26 If the educational and residential services are on the same site, it is expected that any incidents are recorded where the incident occurred. It is critical that relevant managers review practice to ensure there is shared understanding of what happened and how the Individual can be supported in the future.

The importance of debriefs

7.27 Within a reasonable time following a physical intervention, both the staff and young people/young adults should be given opportunities to share what has happened. These must be separate opportunities and ideally, those should take place in a calm and safe environment where each can reflect back on the situation and learn from it.

7.28 De-briefs of staff member must take place within 48 hours of the incident. Staff debrief is a structured conversation with someone who has just had a stressful or traumatic experience. When conducting a debrief session with the staff member(s) the meeting must be a supportive nature.

7.29 Where incidents included the use of physical intervention in which the staff member was involved, this must also be discussed in staff supervision as part of reflective account. This should support the review of practice and trigger further recommendation around the necessary changes in relation to risk assessment process and behaviour support, should it be required.

7.30 De-briefs of an individual in our care must take place within 5 days of the incident. The purpose of the debrief session with an individual is to reflect on what has happened during the incident and the behaviour displayed by the Individual in order to assist them in adapting their behaviour in the future.

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This can be supported by the use of visual aids where necessary. Due to the nature of autism and other conditions it may not be possible for all the individuals in our care to successfully access a de-brief and only in the few circumstances will it be clearly recorded within the individual's plan of care or the behaviour support plan the reason why this is not useful to them.

Accident and injury associated with physical interventions

7.31 Individuals who receive a restrictive or physical intervention should be routinely assessed for signs of injury or physical or emotional distress. Such assessments need to take into account their ability to recognise and communicate their response to harm. Any necessary medical examination must be carried out by appropriately trained staff.

7.32 **A Body Map Record** must be used to record any bruising or marking caused as a result of physical intervention, including the context in which the bruising occurred. Staff are to use the body map within the incident form (sec 8 of the Incident form) or separate body map where this is not part of the incident form and authorised by Operations Director. Any injuries reported by the individual must also be recorded, whether or not there are visible marks. It is also suggested that where possible any injuries are given an actual time of when injury occurred.

7.33 Parents/guardians and/or social workers must be informed of any injury within 24hrs unless there is other specific agreed timeframe. In the case of young people/young adults who are Looked After it is essential that the social worker is informed without a delay, ideally within the same timescale.

7.34 Any physical intervention can result in positional asphyxiation. Therefore, health monitoring will be in place during and after the event and recorded as required (24 hour blocks as needed).

7.35 An accident form in the accident book must be completed for any accident or injury sustained to any party as soon as possible following the incident and the record must clearly state whether the injury was as a result of the incident or any intervention carried out.

7.36 In the case of any injury to an individual, appropriate records must be added to the medical file, by the nurse, or other medical professional for example and visual check or examination by the Nurse, GP or first aid trained staff.

7.37 Each location must maintain an up to date Accident returns summary (GHS 04.01.01) and report any RIDDOR incidents through appropriate channels and on Cambian KPI (GHS 04.01.05/06)

Sharing other information - Individuals 16+

7.38 Every person has a right to privacy under the European Convention on Human Rights (Article 8), but if there are any worries or doubts about the wellbeing of a Young Person it will have to be decided whether personal or confidential information need to be shared. Sharing information appropriately is often the key to putting in place effective safeguarding. This part should be read in conjunction with Consent and Mental Capacity policy and procedure.

7.39 If the incident constitutes a safeguarding concern for the individual or member of staff the Child Protection and Safeguarding Policy no 25 takes precedent and should be followed.

Monitoring & Review

7.40 Each Establishment will maintain on-going monitoring of all use of physical and/or restrictive interventions. They will ensure that at all times the associated risks of carrying out physical and/or

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restrictive interventions are carefully weighed against the risks associated with not carrying out the physical and/or restrictive intervention.

7.41 Each establishment will maintain a restraint log (08.02.07) or tracker system. This may be included within the overall incident log but the Head of Service, Behaviour Support Lead, senior management and MDT must additionally be able to analyse restraint data in isolation.

7.42 Each establishment will ensure that accurate weekly figures are made available for submission to CambianKPI on a Monday morning. Data is published to every site on a Wednesday.

7.43 The use of any Behaviour Support Strategies and any use of physical intervention should be the subject of on-going review. Evaluation of the effectiveness of the approaches used will help to clarify an individual's needs. Specific strategies will need to be varied according to individual circumstances and the context in which they are being used.

7.44 Reviews should be considered using a Behaviour Risk Reduction Plan/Review (45.02.03). Focus Meeting or Weekly High Priority Group Meetings.

7.45 For some individuals in our care the complexity of their needs means that the fact the level of intervention has stayed constant and not increased, itself represents success. Nevertheless, it is important to ensure that the use of physical or restrictive intervention never becomes routine.

Complaints

7.46 At any time if the individual being restrained is not happy with the approach, process or staff/other individuals they have the opportunity to either complete a complaint leaflet (doc. 22.07-22.08), which is available in all locations on display or follow the Complaints Procedure and/or use the Whistleblowing procedure, which is also on display in all locations.

7.47 When individuals join the location they are made aware of this and this is reiterated in individual local meetings. Sites must make sure that Individuals are provided with accessible resources to allow them to participate fully in the complaints process.

7.48 The NYAS Independent Visitor and Advocate are also further options provided by Cambian should the Individual want to pursue this.

7.49 Parents and individuals have a right to complain about the actions taken by staff within the location. If an allegation of abuse is made against a member of staff the Location needs to follow guidance set out in Child Protection and Safeguarding Policy which is underpinned by Local Safeguarding Board Inter Agency Safeguarding Procedures.

7.50 Other complaints should be dealt with under Complaints Policy and the Whistleblowing Policy.

Staff Training

7.51 All staff who will be required to employ restrictive physical interventions should have Safety Intervention (CPI) training (foundation level or foundation and advanced level depending on the need of the Individual) and should only, except in emergencies, employ those physical interventions for which they have had training. It is required that all staff are trained with Safety Intervention at the start of employment during their induction period and are provided with the annual refresher, to ensure that staff retain their skills and remain confident in their ability to support the individuals in our care to

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manage their behaviour. Each site will have an agency/bank worker training plan providing details around the level and frequency of Safety Intervention training.

7.52 The level of taught Safety Intervention will depend on the specific needs of the individual/s, which will be thoroughly assessed and agreed by the Multidisciplinary Team which consist of therapy department and senior manage team.

7.53 An up to date record of the training that staff have received, including refresher training, is maintained by a staff member identified by the Head of Service/Behaviour Support Lead. This should be recorded on MYRUS.

7.54 In line with Cambian's ethos it is important that any training promotes a preventative methodology (Restraint Reduction Network Training Standards) and emphasises that physical and restrictive interventions should be used as a last resort.

8. Standard Forms, Relevant Documents, Letters & References

Documents relating to this policy

8.1 Restraint Log / Physical Intervention Log

Related Policies and procedures

8.2 Positive Behaviour Support (045)

8.3 Child Protection - Safeguarding Policy (025)

8.4 Whistleblowing Policy (GHR30)

8.5 Complaint Policy (022)

8.6 Deprivation of Liberty Safeguards (50)

8.7 Third Party Aggression (94)

Related templates

8.8 Individual Risk Assessment

8.9 Incident report

8.10 Individual debrief form

8.11 Staff debrief form

8.12 Monthly Body Chart

8.13 Static Body Chart

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9. Appendices

Appendix 1. Glossary of terms

Restraint by the Mental Capacity Act 2005 (MCA) – MCA defines restraint as when someone "uses, or threatens to use force to secure the doing of an act which the person resists, OR restricts a person's liberty whether or not they are resisting".

Physical restraint: any direct physical contact where the intention of the person intervening is to prevent, restrict, or subdue movement of the body, or part of the body of another person.

Chemical restraint: the use of medication which is prescribed and administered for the purpose of controlling or subduing disturbed/violent behaviour, where it is not prescribed for the treatment of a formally identified physical or mental illness.

Mechanical restraint: the use of a device (e.g. belt or cuff) to prevent, restrict or subdue movement of a person's body, or part of the body, for the primary purpose of behavioural control.

Seclusion and long term segregation – Only people detained under the MHA should be considered for seclusion or segregation.

Both seclusion and segregation are ways to manage the threat or actual use of violence. Seclusion may be viewed as the management of immediate violence, whereas segregation is the management of a longer term threat of violence. According to the MHA 1983 Code of Practice (2015) the difference between the two practices is that patients in seclusion are alone, whereas patients subject to long-term segregation should continue to have contact with and receive therapeutic interventions from staff.

Seclusion: The MHA Code of Practice defines this as 'the supervised confinement and isolation of a patient, away from other patients, in an area from which the patient is prevented from leaving, where it is of immediate necessity for the purpose of the containment of severe behavioural disturbance which is likely to cause harm to others'.

Restraint Reduction Network Standards:

The Restraint Reduction Network has worked with Health Education England to produce a set of ethical training standards that protect human rights and support the minimisation of restrictive practices.

The Restraint Reduction Network Training Standards apply to all training that has a restrictive intervention component and will provide a national and international benchmark for training in supporting people who are distressed in education, health and social care settings.

These Standards will ensure that training is directly related and proportional to the needs of populations and individual people and that training is delivered by competent and experienced training professionals who can evidence knowledge and skills that go far beyond the application of physical restraint or other restrictive interventions.

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