



How we record & Definitions of Physical Intervention and Restrictive Physical Intervention



Definitions



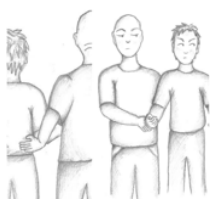
Restricting physical liberty is not depriving them of physical liberty and is used for the shortest amount of time necessary. Physical Intervention is used as a last resort; it is always reasonable, proportionate and necessary.

Physical Intervention	Restrictive Physical Intervention
Where staff have physically intervened but not restrained. E.g., using their body to shield, guiding.	Restrictive physical intervention involves using force or techniques to restrict a person's movement or freedom to prevent harm to themselves or others.
Examples	
Caring Cs Touch for de-escalation A cuddle with permission	Restraint Fix and stabilize Being carried (without the child's permission)

Guiding and Escorting:

Techniques for safely and respectfully guiding individuals to a different location or activity. This involves using physical prompts, like a hand on the back or an arm guide, to encourage someone to move in a desired direction, while they are generally compliant.

- Hand on the back – place hand on back to encourage movement. Gentle placement to be both reassuring and encouraging of movement.
- Caring Cs - a gentle guiding technique where a staff member uses a hand placed in a "C" shape on a child's elbow to help them move away from a potentially dangerous or problematic situation.
- Changing direction in motion – place hand on front of shoulder to create a turn, 'catch' the other arm as the child turns to continue to walk them away.



- 1-person elbow guide – a gentle, non-restrictive positive handling technique used to guide a person by holding their elbow, offering minimal resistance and encouraging movement in a desired direction.



- 2-person elbow guide, open back – two staff members gently guide a person by holding their elbows, promoting safe and controlled movement.



- 2-person guide, crossed back – two staff members gently guide a person by holding their elbows, promoting safe and controlled movement.

Supportive, Safe Holding:

Light, non-restrictive holding to maintain safety and prevent harm, focusing on minimal force and supporting freedom of movement. Techniques for providing a safe and non-harmful physical contact in various positions.

- Fix and stabilize hands – staff place hand on top of the child's hand to prevent them contacting a particular object. The hold is in place until the object is removed.
- Fix and stabilize from climbing – staff place hands on top of child's hands preventing them from moving which would enable a climb. Hands are held until it is safe to release.
- Wrist hold – wrists held and fixed to the body to prevent movement of arms.



- 1-person, double elbow hold standing / walking - The person providing the hold stands or kneels alongside the individual they are guiding. They grasp the nearest forearm, drawing it back to be parallel with the ground, with their hands close to their chest. The other hand supports the individual's shoulder. The person providing the hold can use their hip to support the pressure, ensuring a controlled and safe movement.



- Single Elbow Standing, sitting or kneeling alongside the person, holding the nearest forearm drawn back to be parallel to the ground with hands close to the chest and supporting pressure through the hip. The nearest hand holds the forearm with the other supporting the shoulder.



- Double Elbow Standing alongside the person, holding both forearms drawn back to be parallel with the ground with hands close to the chest and supporting pressure through the hip. One arm is supporting the person's back.

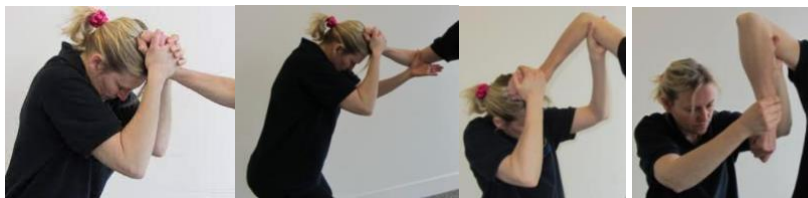
- Figure of Four Standing, sitting or kneeling alongside the client with the hand of the outer arm holding underneath the person's nearest forearm and the other passing under the armpit, across the top of nearest forearm to hold own wrist.

Bearing/carrying the weight of a child:

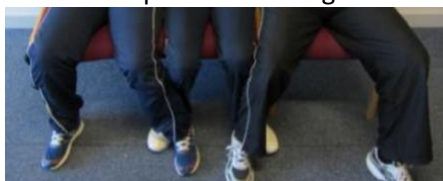
As we work with young children (some are Early Years), there are times when it is appropriate to bear the weight of a child. This should only be done if staff are confident and physically able to do so. It is likely that most staff can physically carry the children in our care. As a school we avoid this wherever possible due to the risks involved; however, there are times when a child needs you to carry them and times when they want it for emotional support.

Staff Personal Safety

- Response to hair holds – fix and stabilise. Fix your hands on to the back of the hands grabbing, bring elbows and dropping chin towards chest to create a brace, this helps to avoid neck injury. Bend your knees, move into towards the person grabbing your hair place your thumb into the crease of their elbow on a bent arm. Raise their arm upwards via the elbow as high as possible and move forwards. Continue to move forwards until the hand has been released from your hair.



- Response to bites – the part of the body that is bitten is pressed into the mouth to lessen the pressure of the bite and until it is released.
- Response to holding dangerous items such as scissors – fix and stabilize, remove item then release.
- Response to hitting – block with crossed wrist, move away, use restraint where necessary.
- Response to kicking – move away or closer to prevent, place own leg over theirs.



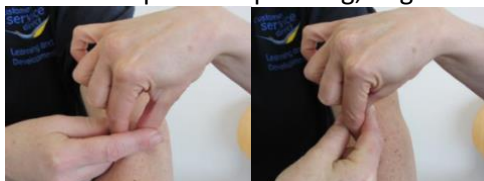
- Response to arm grab – rotate wrist so thinnest part of arm is towards the hold and pull away.



- Response to pinching, whole hand. Fix on the back of the person's hand. Rotate your forearm towards their knuckles until you have released from the grip, use the other hand to move the person's hand away from you.



- Response to pinching, finger. Move the forefinger towards the thumb to release the pinch.



- Response to clothing grab. – fix on the back of the hand that is grabbing the clothes. Hold clothing as close to the grabbing hand as possible and pull the clothing in the direction of the knuckles.



*If staff are physically assaulted by a child, they report this on EEC via the Google Form or in person with the Office Manager. All physical assault is reported to the Head Teacher.

Recording PI and RPI

We record all PI and RPI using CPOMS. In recording, staff are:

1. Truthful, factual, concise and subjective
 2. using ABC
 3. listing what de-escalation strategies were used
 4. stating if the incident was witnessed
 5. Stating the duration of time the intervention was in place for
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Glossary - Other useful terms explained for recording

Phrase / word	Meaning
Time away (consequence)	A child is excluded from an activity because they have shown that they are not safe when taking part
Time to calm	A child takes time to regulate and become Safe, Calm and Ready to join in again
Make the right choice	A child is asked to make the right choice, which means to think about their future actions and correct unwanted behaviour
I got help	Staff ask other staff for help or support with a situation
Planned ignoring	Choosing to ignore a given behaviour
Humour	Changing the energy around the situation to one of light heartedness to try and distract or break any tension for the child
Distraction	Redirect focus through suggestion, noticing something or having an idea
Change of face / took over	Staff swapped in and changed the adult who was supervising or dealing with a situation
Gave a job	Part of distraction, a job is given where they can help. Repurposing the child's time and switching mindset into one of helping
Zones of regulation	Part of the school Behaviour Policy and a system used to help children recognise how they feel, what zone they are in and how they can regulate. This is also a visual aid.
Held / hold	Used a restraint (this will be named)