Painsley Catholic College

Physical Intervention Policy

INTERNAL POLICY

Approved by:	Board of Directors	**Date:**	September 2026
Last reviewed on:	September 2026		
Next review due by:	September 2027		

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1. Application

This guidance applies to all Painsley Catholic Academy employed staff and managers and Principals who may use restrictive physical interventions with children.

Within School settings the policy and this guidance does not limit or remove School staff powers to restrain students as outlined in Section 93 of the Education and Inspection Act 2006 but it does not authorise anything to be done in relation to a student which constitutes the giving of corporal punishment within the meaning of section 548 of the Education Act 1996.

This policy is underpinned in the Catholic Social Teaching on Human Dignity, Dignity at Work and Rights and Responsibilities.

2. Introduction

Poorly or incorrectly used, restrictive physical interventions are a source of risk to the young person and members of staff. They can escalate negative relationships and create a risk of legal action. The correct use of restrictive physical interventions must always be an act of last resort and not normal practice. Painsley staff will take all reasonable actions to reduce the potential need to use restrictive physical interventions as far as practicable. Reduction in the need to use Restrictive Physical Interventions is achieved by analysing the interactions between each young person/student and their environment which identifies potential triggers that need to be avoided at critical periods. This involves: -

- Helping young people to avoid possible situations known to provoke challenging behaviour;
- Having education plans/care programmes which are responsive to individual needs;
- Creating opportunities for students to engage in meaningful activities which include opportunities for choice and a sense of achievement;
- Developing staff expertise in working with individuals that present challenges.
- Understanding that behaviour is often a method of communication

When using intervention with children with SEN or disabilities or medical conditions, staff should consider the risks carefully.

3. Guidance on the use of Restrictive Physical Intervention

3.1 Types of incidents when Restrictive Physical Interventions may be appropriate.

Situations in which restrictive physical intervention may be appropriate or necessary will fall into three broad categories: -

- Planned Interventions
- Unplanned/Emergency Interventions
- As part of a Therapeutic or Education Strategy

Examples of situations in which a restrictive physical intervention may be appropriate are: -

- To prevent a young person/student from running towards a busy road (danger);
- To prevent a young person/student from self-injuring or injuring another person; and
- To prevent a young person/student from causing serious damage to property.

School staff may also use reasonable force where a student is affecting the maintenance of good order and discipline. Examples of which include:

- Removing a disruptive student from the classroom when they have been instructed to leave but have refused.
- Preventing a student behaving in a way that disrupts a school event or a school trip or visit.
- Preventing a student leaving a classroom or school where allowing this would risk their safety or lead to behaviour that disrupts the behaviour of others.

The decision to use reasonable force is a matter for professional judgement however staff should be aware that research clearly shows that injuries to staff and students are more likely when the intervention is not planned. Before physically intervening staff should, wherever practicable, attempt to resolve the situation by using other methods. Information about strategies is available in section 3.5 of this policy.

There are occasions when physical contact, other than reasonable force, with a child is proper and necessary. Examples are:

- when comforting a distressed individual
- when congratulating or praising the young person
- to demonstrate how to use equipment or a skill e.g. a musical instrument
- to demonstrate exercises or techniques during PE lessons or sports coaching
- to give first aid

Restrictive physical intervention for the protection of property must only be for extreme circumstances; for example, if a person starts to damage an entire unit. At this stage there needs to be an assessment on whether or not it is worth the risk of injury, to protect the property.

In extreme circumstances, such as an immediate and realistic threat of arson or where life is at risk (e.g. student has weapon); the police are obliged to attend if you make the urgency clear to them.

Restrictive physical intervention maybe used as a preventative measure in order to prevent physical injury, for example if a young person attempts to obtain a weapon which would later make physical intervention problematic and dangerous to staff.

3.2 Planned Interventions

Pre-arranged strategies and methods to deal with situations should be planned where a risk assessment has identified the likelihood of the need for restrictive physical intervention. For many situations, an early intervention will be more effective, and be able to be implemented at a lower level and with less risk, than a later intervention.

Planned restrictive physical interventions should be: -

- Agreed in advance by relevant professionals working in consultation with the student, their family/carers and an independent advocate if appropriate, in the case of children, those with parental responsibility.
- Monitored during implementation by an identified member of staff.
- Recorded in writing so that the method of restrictive physical intervention and the circumstances when its use has been agreed are clearly understood.
- Included as part of a care plan or individual student behaviour plan/records.
- Routinely monitored and reviewed.
- One component of a broader approach to meeting the individual's needs.

It is important to remember that restrictive interventions that result in the holding or restraint of an individual carry medical risk to students as these techniques may impact on the individuals breathing, circulation and place direct pressure on vulnerable areas of the body. Restraints on the floor hold the highest level of risk and must be an absolute last resort. Holds and restraints should only be used for shortest time possible.
Adequate staff must be available to safely complete any holding and restraint that is undertaken as part of a planned strategy. Single person restraints pose significant risks to both parties.

3.3 Unplanned and Emergency Interventions

Emergency use of restrictive physical interventions may be required when a student behaves in unforeseen ways. Research evidence clearly shows that injuries to staff and students are more likely when the intervention is not planned.

Staff should be aware that in an emergency situation the use of reasonable and proportional force is permissible if it is the only way to prevent injury or serious damage to property.

Whenever practicable, before physically intervening a staff member should attempt to resolve the situation by other means. A calm and measured approach to a situation is

needed and staff members should never give the impression that they have lost their temper, or are acting out of anger or frustration. The staff member should continue attempting to communicate with the student throughout the incident, and should make it clear that the physical intervention will stop if it ceases to be necessary.

In unplanned/emergency interventions it is good practice for staff to use a quick on the spot assessment prior to acting (where possible). This will allow staff to:-

Step Back	Don't rush into an intervention, is it really necessary, do you have suitable justification.
Assess Threat	Assess the person, the objects, the environment and the situational factors.
Find Help	Can you reduce the risks by getting help from other trained colleagues or by using the physical environment, space, natural barriers etc.
Evaluate Options	**Proactive/Primary** – proactive actions to remove the triggers **Active/Secondary** – interpersonal skills, non verbal body language e.g. open palms, directing, defusing, calming, switching staff etc. **Reactive/Tertiary** – avoid assaults - disengagement
Respond	Apply the principles of the least adverse method in responding. Continue to re -evaluate the situation and your response. Continually monitor for changes in level of risk.

Even in an emergency, the force used must be reasonable; that is, it should be proportionate to the risk posed by the situation. The staff member or members concerned should be confident of the potential adverse outcomes associated with the intervention (e.g. injury or distress) will be less severe than the adverse consequences which would occur without the use of a restrictive physical intervention. The use of time and patience can help many situations.

Sometimes, for personal safety reasons, a staff member should not intervene in an unplanned situation without help. Some situations when this might occur are: -

- If dealing with a physically large individual or more than one student;
- Where an intervention technique can not be applied safely by one person; or • If the staff member believes he or she may be put at risk of serious injury.

In these circumstances the staff member should, as appropriate, remove other people who might be at risk, summon assistance from colleagues, or where necessary phone the police. Until assistance arrives the staff member should continue to try to prevent the incident

from escalating whilst remaining mindful of their own safety. It may be appropriate for staff to withdraw from the situation.

Once an unplanned or emergency restrictive physical intervention has taken place it must be recorded and investigated. This should assist in the reduction and use of further unplanned/emergency restrictive physical interventions.

Any concerns regarding inappropriate use of physical intervention should be reported to the Principal as part of our safeguarding procedures, who would report to the Local Authority Designated Officer (LADO) as appropriate. The MAC Executive team should also be informed as part of this process.

3.4 Restrictive Physical Intervention as part of a Therapeutic or Educational Strategy.

In most circumstances, restrictive physical intervention will be used reactively, to prevent injury or avoid serious damage to property. Occasionally, it may be agreed to be in the best interest of the adult/child to use a restrictive physical intervention involving the use of some degree of control as part of a therapeutic or educational strategy.

For example, a way of helping a child to tolerate other children without becoming aggressive might be for an adult to shadow the child and to adjust the level of physical intervention employed according to the child's behaviour. Similarly, it might be agreed for staff to use a restrictive physical intervention as part of an agreed strategy to help a person who is gradually learning to control their aggressive behaviour in public places. In both examples the restrictive physical intervention is part of a broader therapeutic or educational strategy. As with all restrictive physical intervention, interventions for this purpose must never be painful or likely to cause injury.

Where this approach is employed it is important to establish in writing a clear rationale for the use of the restrictive physical intervention and to have this endorsed by a multidisciplinary team which includes, wherever possible, family members and or independent advocates, and in the case of a child, the person with parental responsibility. Students should consent to restrictive physical interventions strategies used for learning.

3.5. Restrictive Physical Intervention Strategies

Restrictive physical intervention must be an act of last resort. Adopting good working practices involving proactive (primary) and active (secondary) control strategies as well as reactive (tertiary) controls is important. Proactive measures to avoid the incidents of restrictive physical intervention must always be attempted first.

a. Proactive/Primary Control refers to actions taken to prevent situations arising which may require the use of any intervention or to reduce their likely frequency.

At an organisational level this includes establishing policies, safe systems of work, carrying out risk assessments and providing staff with training.
At an individual level this involves understanding the risks, complying with safe practice guidelines and putting training and learning into practice. Preventative action also includes reporting (when applicable), recording and investigating incidents in order to learn from them. Preventative action is a continuous process.

b. Active/Secondary Control refers to actions taken to prevent situations escalating. It typically involves the use of interpersonal skills, communication, defusing, de-escalating and calming strategies.

c. Reactive/Tertiary Control refers to action taken when situations escalate or violence occurs, or after it has occurred to prevent or reduce the potential for physical or psychological harm. Typically this may involve disengagement or other physical intervention tactics (such as applying holds) and emergency procedures. Reactive/tertiary controls will include providing post incident support and managing the situation through to recovery.

For each individual who presents challenges there need to be individualised strategies for responding to incidents of violence and aggression/self injurious behaviour etc. Where appropriate the strategy may include directions for the use of restrictive physical intervention, including a personalised approach for the individual. This must be documented in a care plan/ on the individual's records.

Appropriate training of staff in primary and secondary control strategies will have a major impact in the reduction of the need to use of tertiary controls such as restrictive physical interventions.
Adequate staff must be available to safely complete any holding and restraint that is undertaken as part of a planned strategy.

3.6 Risk assessment

When it is foreseeable that an individual might require a restrictive physical intervention then a risk assessment must be completed. The risk assessment process allows staff to identify and evaluate the benefits and risks associated with different intervention strategies. It also aids identification of opportunities for reducing the need for restrictive physical intervention.

When undertaking the risk assessment, it should be ensured that there is involvement of relevant individuals and where suitable key professionals and the outcome of the risk assessment is communicated to all relevant staff and parents.

Among the main risks to students are that restrictive physical intervention will: -

- Cause pain, distress or psychological trauma;
- Cause injury;

- Be used when a less intrusive method could have achieved the desired outcome;
- Become routine, rather than an exceptional method of management;
- Increase risk of abuse;
- Undermine dignity or otherwise humiliate or degrade those involved; and
- Create distrust and undermine personal relationships between staff and students.

The main risks to staff that result from applying restrictive physical interventions are: -

- They suffer injury;
- They experience distress or psychological trauma;
- The legal justification for using the restrictive physical intervention is challenged in court; or
- Disciplinary action is taken for inappropriate or unjustified use of restrictive physical interventions.

The main risks that may be associated with not intervening include: -

- Staff may be in breach of duty of care responsibilities;
- The student may injure themselves, other students, staff or members of the public;
- Serious damage to property or valuable resources may occur; or
- The possibility of litigation in respect of these matters.

3.7 Documenting Restrictive Physical Intervention Strategies

If it is agreed that a child or adult will require some form of restrictive physical intervention, there must be an up to date copy of a written protocol included in the individuals plan/records.

Communication

Information relating to intervention strategies should be discussed with the student and their families/parents/careers prior to the implementation. All parties should agree with the intervention strategy. If this is not possible, differences of opinion must be documented and recorded in the individuals care plan/records.

3.8 Action to be taken following an incident of Restrictive Physical Intervention.

Recording, Reporting and Monitoring

The use of restrictive physical interventions, whether planned, unplanned, or emergence interventions must always be recorded using the Physical Intervention Log (see page 12).

The written record of the use of a restrictive physical intervention must indicate: -

- The names of the staff and students and any other parties involved;
- The reason for using the restrictive physical intervention employed;
- The type and duration of the restrictive physical intervention;
- Whether the student or anyone else experienced injury or distress and, if they did, the action that was taken.

In some circumstances, interventions will need to be reported immediately to the Principal and DSL and, where this is the case, managers must ensure all staff are aware of when and how to do so.

The contents of the Restrictive Physical Intervention logs should be reviewed on a monthly basis as a minimum by managers and where trends identified appropriate action taken.

Managers need to ensure that the individual student's individual plan/records are reviewed in light of incidents and amendments made if required to reduce those risks identified.

Debriefing

After the use of interventions, it must be ensured that staff and students receive suitable and sufficient support and a review of the risk assessment to identify factors contributing to the incident must take place

Being involved in a restrictive physical intervention may be an unsettling experience for all parties, and managers should recognise that staff and students may need some form of reassurance. Those involved, both staff and students should be separately debriefed after the intervention, which is particularly important when the intervention was unplanned.

Debriefing those involved ensures that lessons can be learned and staff and students have the opportunity to discuss the matter quickly. The debriefing should be undertaken without undue delay but should consider the physiological effects of such a situation and sufficient time should be allowed for all involved to reach a calmer state.

When an injury has occurred as a result of Restrictive Physical Intervention
If there is any reason to suspect that a student, member of staff or other person has experienced injury or distress following the use of a restrictive physical intervention, that person must receive immediate medical attention, and counselling and debriefing as required. Managers must ensure that the injury is reported to the LADO. Any concerns regarding inappropriate use of physical intervention should be reported to the Principal as part of our safeguarding procedures, who would report to the Local Authority Designated Officer (LADO) as appropriate.

Complaints and concerns regarding Restrictive Physical Intervention

Managers must ensure that any complaints or concerns about validity or methods of intervention should be thoroughly investigated in accordance with the MAC's complaints policy and, where applicable, in conjunction with the LADO and LA safeguarding team.

Dependent on the nature of the complaint, consideration must be given to whether other processes need to be instigated such as Safeguarding protocols.

If the actions of the member of staff, and the consequences of the actions, raise credible child protection concerns, the Principal will notify the Staffordshire Local Authority Designated Officer (LADO) on 0300 111 8033. The LADO will liaise with the Principal to consider if further enquiries and actions need to be made.

If the actions of the member of staff, and the consequences of the actions, do not raise credible child protection concerns, but do raise other issues in relation to the conduct of the member of staff or the pupil, these should be addressed through the school's own internal procedures.

If the Principal decides that the allegation is without foundation and no further formal action is necessary, all those involved should be informed of this conclusion, and the reasons for the decision should be recorded on the child safeguarding file.

MAT Executive Leaders must be informed of any concerns as outlined above.

3.9 Information, Instruction and Training

The level of information, instruction and training required by staff regarding physical interventions must be identified by managers and Principals. Training provided to staff should be suitable for the level of use they are identified as requiring. Where skills are not used they are soon lost. Staff involved in the use of planned interventions must have suitable training.

In emergency situations staff have the right to use reasonable force to protect themselves and others. It is recommended that where it is identified that staff are delivering services or working in situations where there is a high risk of being involved in unplanned and emergency restrictive physical interventions, they should receive a basic level of training.

Training provided must cover the use of Primary/Active and Secondary/Reactive control strategies (see section 3.5) as well as the physical techniques and should be suitable for the environment and students it will be employed upon. It is not suitable to provide staff with physical intervention techniques without putting its use into appropriate context.

Physical Intervention Log

This record should be completed as soon as possible after the event, at least within 24 hours

Pupil name		Date of incident	
Location		Duration of PI	
LAC (Y/N)		Start time of PI	
		End time of PI	

Staff/Pupils Involved	
Name	**Witness (W) or Physically Involved (I)**

Antecedent Events
Where was the pupil?
What were they doing prior to the behaviour that resulted in restraint?
What do you think triggered this behaviour?

De-escalation Strategies (please tick all that apply)

	Provided choices		Distraction
	Reduced demands		Planned ignoring
	Verbal redirection		Success reminded
	Reduced verbal interaction		Persuasion
	Offered alternative location		Negotiation
	Transfer adult		Reassurance
	Appropriate humour		Space
	Other (please state)		

Justification for physical intervention			
	Danger to self		Danger to others
	Damage to property		Other (please state)
Was a choice given to the pupil before the hold was used? Yes / No			
If no, explain why:			

Description of hold

Describe the hold used during the incident. Explain where each person involved was standing and describe how the child was being held. For example, AA was sat next to child BB's left side. AA's right hand was cupped around BB's left forearm.

Medical Attention *(all children must be offered medical attention after a hold even if they do not appear to be injured)*	
Was the pupil offered first aid? Yes / No	Did they decline this? Yes / No
Injury suffered by child? Yes / No Details:	
Treatment required? Yes / No	

Injury suffered by staff? Yes / No Details:		
Treatment required? Yes / No		
Injury suffered by others? Yes / No Details:		
Treatment required? Yes / No		
Accident book required?	Yes / No	Ref:
Absconding form required?	Yes / No	Ref:
Bullying form required?	Yes / No	Ref:
Body map required?	Yes / No	Ref:
Racism form required?	Yes / No	Ref:
Other form required?	Yes / No	Ref:

Records	**Yes / No**	**By who:**	**By when:**
Does the behaviour support plan need to be reviewed because of this incident?			
Does the individual risk assessment need to be reviewed because of this incident?			
Was the pupil debriefed?			
Were staff offered a debrief?			
Was it taken up?			

Communication (where appropriate)			
Parents/carers informed?	Yes / No	Date:	Time:
		By whom:	

Social worker informed?	Yes / No	Date:	Time:
		By whom:	
Police informed?	Yes / No	Date:	Time:
		By whom:	
Safeguarding informed?	Yes / No	Date:	Time:
		By whom:	
LEA informed?	Yes / No	Date:	Time:
		By whom:	

Signature of author: _____

Date: _____

Other relevant signatures signing to confirm this is a true representation of events, including the pupil, where appropriate.

Name	Signature

Signature of Senior Leader: _____

Name of Senior Leader: _____

Date: _____

Appendix 1 – RISK ASSESSMENT

School:	Risk assessment completed by:	
Name of child:	DOB:	Year:
Assessment of risk		
In which situations does the risk usually occur?		
How likely is it that the risk will occur? (unlikely, possible, probable, likely)		
If the risk arises, who is likely to be injured or hurt?		
What kinds of injuries or harm are likely to occur?		
How serious are the adverse outcomes? (severe, substantial, minor, minimal)		
Risk Reduction Options		
What actions are being taken to minimise the level of risk? (Consider changes to environment, awareness of triggers, de-escalation strategies, varying staff development, varying teaching group/size, access to quiet area etc.)		

Any immediate actions to be taken, by whom and by when?	
Signed:	***Role:***
Date:	***Copy to:***