The SENAD Group

Section 5
The Use of Physical Interventions

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The Use of Physical Interventions

Policy Statement:

SENAD is committed to a service philosophy where positive behaviour support is seen as the most effective method to enable individuals who exhibit challenging behaviour to have the best quality of life possible. This philosophy clearly fits within our person centred approach to care. Within this philosophy there is an understanding that some behaviour creates a high risk of injury to the individual or to those around them. These behaviours should be clearly risk assessed and effective risk control measures put in place. Where these control measures include restrictive physical interventions. These should only ever be used as a last resort, for the minimum amount of time possible, with the intent to maintain safety, and where there is no effective alternative approach available. They must never be used aversively or as a punishment.

To enable the Group to maintain the safety of everyone, on induction staff will be trained in self-protection skills appropriate to the sites they work at. There is an expectation that front line staff will receive appropriate training within 4 weeks of employment, where the risk of injury is high from service users.

Purpose:

This policy outlines the context and use of physical interventions within SENAD. It provides broad guidance for staff who are considering the use of physical intervention. It aims to provide protection for young people/adults, staff, the organisation and members of the public.

This policy statement does not set out individual procedures for the use of physical interventions in which case it must be read in conjunction with specific procedures within each service.

This policy must also be read in conjunction with all other relevant policies such as safeguarding, record keeping, positive behaviour support, young person/adult safeguarding, sanctions and health and safety.

Definitions:

Physical Intervention (PI) refers to any physical contact between a member of staff and a young person/adult this can take several different forms such as:

- Reassurance, guiding, redirection, prompting.
- Protecting from punching or hitting by blocking with arms.

- Releasing or "breaking away" from holds, such as hair-pull, clothing grab etc.
- Moving an individual away from a situation, these interventions are sometimes known as "escorts", or "transports".
- Holding an individual where the individual could if they tried to move away.
- Passively blocking an individual from entering a room to protect others, where the individual is free to leave the area.

Restrictive Physical Intervention (RPI) refers to:

- The positive application of force with the intention of controlling or overpowering the individual.
- The significant distinction between "Physical Intervention" and "Restrictive Physical Intervention" is that "Restrictive Physical Intervention" sometimes referred to as "Restraint" is defined as the positive application of force with the intention of controlling an individual. The intention is to control the individual, completely restricting the individuals' mobility.
- The other categories of Physical Intervention provide the individual with varying degrees of freedom and mobility.

High Risk Restrictive Physical Interventions (HRRPI) refers to:
These interventions are not acceptable practice and are not used within SENAD.

- Restrictive Physical Intervention that through either the intervention itself and its impact on the body, or through contra-indications such as physical conditions affecting the individual increase the risk of serious damage or injury to the individual.
- These include physical interventions that are known to be unsafe such as interventions where the individual is held face down, or interventions that apply pain or pressure to joints or hold that body in unnatural positions.

Restrictive Practice should not be used e.g.:

- The use of barriers, for example, locked doors, to limit freedom of movement e.g. placing door catches or bolts beyond the reach of young person/adult in care.
- Containing a young person/adult in care within a room by blocking the exit, or holding the door.
- Aversive practices such as taking a young person/adult in care's possessions away from them in response to their behaviours but it may be appropriate to remove items that might be used to self harm

- Approaches designed to gain compliance rather than to support the individual.
- Cancelling an outing for an individual as a response to their behaviour.

Containment should not be used except in extreme circumstances and where there is no safer alternative. Planned containment should only be used following multi-agency consultation, as defined under DOLS, as a short term strategy and with the written agreement of the young person/adult's placing authority and parents or carers. The SENAD executive team must be informed of all such agreements. Where the strategy ceases to be short term the SENAD executive team may instigate a serious case review.

But following Deprivation of Liberties (DOLS) Assessment by a multi-disciplinary team an agreement may be given to:

- Hold Doors
- Containing by blocking exits
- Increased use of BPRN

On a time limited basis.

SENAD is committed to stopping the use of High Level (NAPPI Level 3) & floor restraints.

In exceptional circumstances floor restraints (face up) may be required for the safety of the young person/adult and others as a very last resort. In the event of the use of any floor restraint the Senior Management Team must review the restraint – including interviews of relevant staff within 72 hours of the intervention.

Responsibilities:

- Heads of establishments and Registered Managers have overall responsibility for ensuring physical intervention practice is safe and ethical and that staff act in ways which are within the law and are consistent with principles of good and safe practice.
- Managers at all levels should also ensure that the needs of young people and adults are properly met and take responsibility for safety in the workplace. They are responsible for the correct implementation of interventions.
- Managers at all levels should give careful consideration to any specific resources needed to manage the physical intervention, for example numbers of staff on shift, safe space for the young person/adult, gender issues, and settings.

- Managers at all levels are responsible for monitoring incidents, undertaking de-briefings, ensuring incidents are logged and reports completed.
- Effective training is an important part of a wider strategy to ensure that physical interventions are only used in appropriate circumstances. Heads of establishment must ensure that all staff receive appropriate training (including refresher training) and supervision on a regular basis. All training should be accredited by BILD. Staff should not use any physical intervention which has not been approved by the establishment in which they are working.
- Senior managers should regularly audit and analyse physical intervention records and use the data to identify areas of concern and inform service improvement strategies
- Managers at all levels are responsible for ensuring that information sharing, confidentiality and data protection policies are followed.
- After receiving appropriate training individual staff members have a responsibly to maintain their ability to recall and to practice trained skills accurately and in line with individual service user programs.
- In cases where staff members identify a need to refresh any physical skills before refresher training is due, this is to be raised with their line manager.
- Line managers may at times raise training needs with any individual staff member.
- Physical Intervention Trainers must give staff members the opportunity to access a mentoring session or have a plan to do so within 6 weeks of need being raised.

Planning:

All physical interventions must be planned within the context of proactive approaches, anticipating and managing all known triggers. The inter-disciplinary team must agree and ensure that:

- Alternatives have been tried and proved ineffective.
- Improvement in, or maintenance of quality of life, is anticipated.
- The intervention is in the paramount interest of the young person/ adult in care.
- The use is required for specific situations
- A regular inter-disciplinary review is planned
- Parents and referring authorities are informed at the earliest opportunity about the physical intervention plan
- If possible the arrangements are discussed with the young person/adult taking care to use communication methods which are appropriate and accessible

Planned Interventions:

Planned appropriate physical interventions to be used must be set out in a **Behaviour Support Plan (BSP), Lalemand behaviour Scale (LBS), or Risk Assessment Management Plan (RAMP) and included in the care or placement plan. The plan should include:**

- Descriptions of the behaviours, which may require the use of a physical intervention procedure.
- The precise circumstances when the procedure may be employed and likely triggers.
- The role of each staff member during an incident.
- How the physical intervention should be terminated using gradients of support.
- How the young person/adult in care should be supported afterwards and the steps needed to restore relations with staff and other service users.
- Time referenced targets for the reduction in the level and number of interventions
- Physical interventions should always be recorded in an agreed specific format and formally logged.
- Special consideration should be given to young people/adults who have been sexually or physically abused in the past, and staff must be sensitive to the individual issues this may raise.

In addition to the above Restrictive Practice and Restrictive Physical Interventions must have a "Restrictive Practice Reduction Plan" (RPRP) in place highlighting the planned steps in reducing the restrictions along with timescales and contingency plans, if the intervention is unsuccessful.

To promote the reduction of floor restraints, Bladon House School and NAPPI UK have worked alongside PODS UK. PODS UK manufacture safety pods that are designed to end the reliance of highly restrictive techniques to manage behaviours that challenge. The safety PODS are situated in the homes and classrooms. The use of the PODS for each individual is detailed in their PBSP. NAPPI UK have produced a risk assessment for the interventions involved whilst using the pods. Sites considering the use of safety pods must seek the advice of The Group Health, Safety & Risk Manager.

Emergency or unplanned intervention:

- Distinguishing between emergency or unplanned interventions and planned interventions is important. Whilst it is always preferable to have undertaken a full assessment and have appropriate care plans in place there may be occasions where emergency interventions are appropriate. These would have to be carried out "on the spur of the moment" without previous preparation in cases where the need for such an intervention could not have been anticipated and is not known to have happened before with that individual.
- The intervention used must be of the least intrusive method and be discontinued as soon as is safely possible. All other methods of supporting a person must have been tried e.g. redirection, calming. Any incident of an emergency intervention being used must be recorded at the time of the incident using the appropriate reporting form with an independent check for injuries.
- If an unplanned intervention is used a review of the young person/ adult in care's **PBS,LBS,RAMP** and Risk Control Measures should take place as soon as possible.
- The plan should be rewritten in response to this review.

Use of medication:

Medication should not be used routinely to manage acute episodes of challenging behaviour. Regular medication may be appropriate as advised and prescribed by a specialist or consultant, this will be part of the care plan and will be regularly reviewed by the specialist.

Where Behavioural PRN (BPRN) is used this must be recorded in the Physical Intervention Log Book as a restraint and must be reviewed by the registered Manager on a monthly basis. Where patterns and trends emerge either for the young person or staff members the Registered Manager must investigate with a view to resolving the issues surrounding the use of BPRN.

Safe Practice:

The following principles of good and safe practice must be followed:

- Only minimum reasonable force will be employed.
- The interventions will not cause pain or anxiety.
- Staff who may need to use physical intervention in the course of their work will dress in a way that enables them to do so appropriately.

- Parents'/carers/young person/adult's preferences about the gender of staff working with the young person/adult will be considered.
- Age, culture and ethnicity will also be taken into account during the care planning process.
- Physical intervention will not be used to gain compliance. In some settings a skilled practitioner may use prompts and physical guidance to assist a person in completing a task or learning skill. However, in such circumstances, if physical interventions were to be sustained, against resistance, over a period of more than a few seconds the fundamental character of the activity would have changed from support to one of gaining compliance.

Health risk assessment:

Individual risk assessment based on a health review to identify contraindication to physical intervention should be carried out before any Intervention plans are implemented. Staff should take medical advice from the young person's Paediatrician on the use of physical interventions if the service user has the following contra-indications:

- Difficulties with movements e.g. cerebral palsy
- Breathing difficulties e.g asthma
- Fits or seizures.
- Circulation difficulties
- Obesity
- Any syndrome which makes it inadvisable to use physical Intervention
- Anything else that raises staff concerns.

Staff must always be aware of and monitor any physical changes during intervention and after an intervention:

Monitoring ABCs

Airway –

- look for obstructions such as vomit, the persons tongue,
- Listen for type of breathing
- Looking into their mouth
- Are they talking?

Breathing

- Watch for chest movements
- Are the breaths easy
- What is the rate
- Is the breathing quite or noisy
- Is the individual talking?

Circulation

- Colour of Skin
- Cyanotic tint (blue tint to lips, nose)

- Constant shouting/talking
- Colour of extremities

Vital Signs
There are 4 primary vital signs

1. Body Temperature
2. Blood pressure
3. Pulse
4. Breathing Rate

The normal ranges for a person's Vital signs will vary with age, weight, gender, and overall health. It is important that the service user returns to a normal condition post incident.

Staff should monitor and react appropriately if the individual shows any signs of:

- Difficulty with breathing
- Physical distress
- Vomiting
- Seizures
- Reduced blood circulation (change of colour)
- Hyperventilation

The intervention must be terminated immediately and medical intervention sought.

Post Incident Support in cases of Physical Injury or Psychological Distress

- Following a reactive intervention, which may have caused physical injury, young people/adults should be assessed for apparent signs of injury and psychological distress by a member of staff not involved in the incident itself and referred for medical advice if required or requested by the young person/adult.
- The assessment should be carried out within a maximum of eight hours and recorded on an incident/accident form.
- Indicators that medical advice is required would include any evidence that the young person/adult in care is in pain, if the young person/adult in care fell or banged his/her head during the incident or shows any signs of head injury, or bruising.
- Debriefing and supervision by appropriate manager will be offered to staff following any intervention where the young person/adult in care has become distressed. If an injury occurs the BSP/LBS/RAMP/Care Plan must be reviewed within 48 hours.

- All young people/adults should be spoken to and their feelings (if possible) ascertained within 48 hours and recorded, and any appropriate action taken following the consultation.

The manager on duty has a responsibility to ensure that:

- Parents/carers are informed about any injuries the young person/ adult in care has sustained and the steps taken in response to these.
- Appropriate steps are taken to de-brief and support staff involved.
- Appropriate steps are taken to de-brief and support the young person/adult involved.

Complaints:

All young people/adults, parents and carers should have ready access to an effective complaints system. It needs to be recognised that young person/adult may need support from a parent/carer or advocate, to make a complaint. Managers at all levels are responsible for dealing promptly and effectively with complaints in line with the SENAD complaints policy & procedure.

The Registered Manager has a legal duty to record/review and analyse the Physical Intervention Log and the supporting documentation.
Where pattern and trends emerge either for the young person/adult or staff member the registered Manager must investigate with a view to resolving the issues.

Staff Pregnancy & Health Restrictions.

The use of Physical Intervention is high risk whilst pregnant, this includes PI training. Statistic indicate that the loss of pregnancy is likely to occur in the first 13 weeks Therefore pregnant staff should only be trained in the Psychological models.
If the trainee should wish to take part in the physical skills, this can be done as a coaching session where the trainee will be walked through the skills at low speed with no resistance. This will not meet the criteria of certification but will be shown on training records. A coaching session is best done on a 1:1 basis away from a formal training session.
Pregnant staff should avoid situations where PI may occur, this will be identified on the New Mothers Risk Assessment with phrases such as The staff member should leave the room or area in a situation where PI is imminent.
On return to work following maternity leave staff should complete the relevant PI levels/ modules and psychological modules linked to the sites/ services.

As part of the requirements for frontline staff there is an expectation that occasionally physical Intervention may be needed as a last resort. Where there is a clear long term physical condition which may exclude the individual from the use of Physical Intervention they will be risk assessed using form 217.7 by the Strategic Behavioural lead or a nominated PI Trainer to assess their physical competency.

Staff who have a Risk Assessment for any health conditions or have concerns about being able to complete the physical skills modules should discuss with the trainers prior to commencement of PI training.

Staff Conduct during Training

Trainers have a duty under the BILD Code of Practice to report any concerns about a participant direct to their Employer. SENAD take their responsibilities for the Care of service users & Equality & Diversity seriously therefore any comments made by Staff or trainers relating to:-

- Inappropriate comments, values or beliefs
- Observed inappropriate sexual behaviour (comments or contact)
- Information shared about mistreatment or service users
- Information shared about inappropriate approaches including physical intervention
- Negative and discriminatory language
- Poor performance skills, knowledge and unsafe use of physical skills. will not be tolerated and will be dealt with appropriately through HR procedures and SENAD Complaints and Concerns procedures.