

515A

Physical Intervention Policy – Adult Homes and Senad Community

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Related Regulations	
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Responsible Person	Nina Sharpe
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January 2026	Reviewed – no changes

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 may at times exhibit behaviours that challenge to have the best quality of life possible. The Groups core values are our person-centred approach to care, and creation of a safe environment for all.

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 based on evidence produced through individual records and effective risk control measures put in place. The risk assessments should be reviewed to identify the need for any additional control measures after each significant incident, but at least annually as standard. Any changes must be communicated to the relevant staff group to ensure safe system of work and a safe working environment.

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 prevent physical injury to staff and service users as part of our duty of care, in the least restrictive way. This is where there is no other safe and effective alternative approach available.

The intervention will be proportionate to the level of risk. The aim will be to reduce the need for such interventions by working with service users to develop and update the behaviour scales with strategies tailored to prevent or de-escalate behaviours before they reach a need for restrictive physical interventions. They will never be used aversively or as a punishment.

Within our Adult services, where it is identified that an individual may need physical intervention for their or staff safety as part of their support plan, the Registered Manager will ensure that the individual will have a Restraint Reduction Plan. The plan will hold the individuals emotional, mental and physical health as the main priority, with the aim of reducing all forms of restraint. All staff are encouraged to be involved with the restraint reduction plans through regular discussion and meetings based around the individual service user. Where possible service users will be encouraged to participate in their individual restraint reduction plan.

The Group recognise that physical intervention may have a negative effect on those involved both physically and emotionally. Also, the physical environment may be damaged. The Group will strive to reduce the impact of this to a minimum by constant review of the physical environment, recognising that this is important for the maintenance of quality of life for all concerned.

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. Staff will not be deployed with services users for any lone working where they do not have the level of skills to manage the individual's behaviours.

In cases where the training has not been completed or for any reason staff are unable to work with service users who require physical intervention a risk assessment should be put in place.

Staff will also receive annual refresher training that focuses on person centred positive behaviour support (PBS) and de-escalation techniques, this puts the emphasis on preventative approaches to working with behaviour that challenges and to keep their skills up to date, with additional training provided where a service user displays new behaviours that warrant it, or where they go to support another service user with specific behaviours outside of their current training level.

Where service users display behaviours that could result in injury to staff, enhanced PPE will be provided by risk assessment to reduce the risk of injury down to the lowest possible level. A risk register detailing the PPE will be collated and stored centrally.

After every PI/RPI a PBS record must be completed. These records will be reviewed and signed off by either the PBS lead or the Registered Manager. PI/RPI data is collated and captured in the Monthly Registered Managers report and shared with The Head of Service, Nominated Individual. The use of Physical intervention will be discussed at Directors meetings.

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.

Where staff have concerns around the level of Interventions used, they should initially discuss this with their line manager. If they continue to have concerns – staff are referred to the Whistleblowing policy 413

Duties Defined.

Role	Individuals
Person with Corporate Responsibility for Adult Services	Nina Sharpe Adult Care Director
Person with Corporate Responsibility for schools and Childrens Residential	Mark Ryder Childrens Director of Childrens social care
Delegated Person for Organisation Physical Intervention	Nina Sharpe Adult Care Director
Delegated Person for Organisation Training	Ginette Clarke Group Training Manager
Delegated individuals for Site Level TNA (Adult Homes)	Registered Managers

Definitions:

Self-Protection techniques:

Skills taught to enable a staff member to 'break away' where deemed appropriate from an individual who is presenting with behaviour that challenges such as hitting, grabbing, hair pulling, biting and, where appropriate, refusing to move.

Skills taught to enable a staff member to protect their vulnerable areas during times of behavioural crisis, such as blocking their face and throat from being hit by an individual or an item thrown.

Psychological skills to enable staff to remain safe, i.e. non-aggressive stance, safely moving away from an individual without removing them from your line of sight, areas of the body to watch (brachial triangle) to be able to anticipate movement.

Restrictive Physical Intervention (RPI):

Skills taught to staff that restrict an individual's movement during the presentation of behaviour that challenges.

This ranges from supporting an individual's arms to when an individual is lying on their back on the floor and their whole body is restricted from moving.

NB. The main difference between Physical Intervention (PI) and Restrictive Physical Intervention (RPI) is that PI provides the individual with varying degrees of freedom and mobility. Whereas RPI limits freedom completely and reduces mobility significantly.

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/Secluding 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. Unless in specified circumstances- These may for example include an individual's, community access activity being cancelled shortly before a visit as they have presented with a behaviour of concern on or shortly before leaving site and it is deemed that if the activity were to take place that it would be unsafe for the service user, staff and members of the public until the situation is able to be managed safely.

Containment/Seclusion 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:

1. Hold Doors
2. Containing by blocking exits
3. Increased use of BPRN

On a time, limited basis.

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

In exceptional cases where the use of a POD has not been implemented or it is not effective and circumstances mean it is the only safe means of ensuring staff and service user safety (Wales), or where a service user has taken a staff member to the floor, 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 a Senior Manager/PBS Lead or an Authorised person identified by the Registered Manager or Head of Service must review the restraint – including interviews of relevant staff within 72 hours of the intervention.

Only taught physical interventions should be used. Where an adapted physical intervention is required our training provider, Nappi must be contacted and must access the individual. If deemed appropriate they will authorise and create an adapted RPI which will be risk assessed and issued by them. Nappi, the Registered Manager and the behaviour leads will establish the means on training the staff teams in the adapted RPI. This training session should be logged on the training data base.

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.
- Adult Homes, and SENAD Community Registered Managers have overall responsibility for development of Restraint Reduction Plans* for all service users who have been identified as needing from time to time Physical Intervention as part of their support.
- 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 debriefings, 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 responsibility 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 and ensure other suitable controls are in place while the matter remains unresolved.

Restraint Reduction Network Training Standards

All Adult Services Physical Intervention Training will be compliant with the Restraint Reduction Network Training Standards. As part of the compliance with the *Restraint Reduction Network Training Standards SENAD Adult Services must provide a training needs analysis (TNA) The TNA must include the current needs and risks posed to everyone based on current evidence and the past year of incident data. (Where available) It must be authorised by someone in the organisation who holds responsibility for restrictive intervention governance and reduction. Within the SENAD Organisation this is the Adult Care Director. The TNA must consider the training needs and risks posed to all staff who may come into regular contact with distressed people or challenging situations including clinicians, teachers, and direct support staff.

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
- In adult services there is a restraint reduction plan with an aim to reduce the amount and level of intervention.
- 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. For Adult services planned interventions must form part of the Restraint Reduction 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.
- All logs should be reviewed and signed off by the senior manager or Registered Manager.
- Any actions, changes and updates should be amended on the Lalemand Scales, care plans, risk assessments and should be communicated to all staff.
- 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 all adult services must have a “Restraint Reduction Plan” (RRP) 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, SENAD services have worked alongside NAPPI UK and 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 at the specific sites/service user homes. 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 from their Registered Manager/Head of Service and NAPPI Training lead to ensure all correct processes are followed.

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, Care Plan** and Risk Control Measures should take place as soon as possible.
- Any unplanned intervention should be reported to the Registered Manager/Head of service and recorded appropriately.
- 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 where still in use /PBS Cloud or any system in place to record the use restraint (Clear Care) 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. During any PI or RPI staff will work within the limitations of their training, ensuring they work within the guidance of 'Minimum Impact' meaning using the least restrictive skill for the least amount of time possible.
- 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, including the use of enhanced PPE where necessary.
- 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 considered 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 persons GPs 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.

Monitoring during a Behavioural Crisis

SENAD will ensure staff have the skills to build effective relationships based on trust and mutual respect enabling staff to recognise any small changes of presentation in any individual they work with. Therefore, we monitor:

- Airways
- Breathing
- Circulation
- Deformity of Limb
- Distress levels
- Existing medical conditions
- The individual themselves i.e. their presentation, vocalisations, body movements and facial expressions

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 the staff member has received an injury following the intervention this should be recorded in depth to allow the Registered Manager/PBS lead to review this and put any supportive actions in place. If an injury occurs the BSP/LBS/RAMP/Care Plan must be reviewed within 48 hours.
- Fact finding should be done within the first 48 hours and then subsequent investigation process should be arranged as soon as possible.
- All young people/adults should be spoken to and their feelings (where 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.

Post incident support and intervention following staff injury

- Following a reactive intervention, which may have caused physical injury to a staff member the following process should be followed;
- PBS records to be fully completed and reported to senior on shift, on call or Registered Manager.
- A full debrief should be conducted as soon as possible on the event with the injured staff member and all witnesses,
- An investigation should be completed if required including all witnesses. To establish cause, trigger and if any further intervention is required, such as re training, tool box talks, staff meetings, updated care plans, Risk assessments or behaviour scales.
- Notification to the Directors, Training Manager and Health and safety Officer completed,
- HR to be informed if a staff member is injured and off work because of injury, so they can ensure that wellbeing checks are done and record their absence accordingly.
- EAP support details provided.
- On return to work, back to work meeting is done prior to starting shift
- Where required phased return, WRAP, risk assessment and outcomes of investigation meeting are implemented, followed through and reviews are set accordingly.

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. Pregnant staff should only be trained in the Psychological models.

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 by the Registered Manager/HR or the Lead 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.

Physical Intervention trainers should not train any physical interventions or self-protection skills after identifying their pregnancy.

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.