



P&I Training LTD
Supporting document
September 2024

The CPD Standards Office

CPD PROVIDER: 21721
2023 - 2025

www.cpdstandards.com



Thank you for choosing P&I Training LTD as your chosen provider for your Safety, Behaviour and Development needs.

The following manual will guide you through the main points covered during your training.

This manual serves to support and enhance your training day, giving a visual aid and guide to the areas that have been covered.

The following guide has been created with the support of

Dr Anthony Bleetman

MD PhD FRCSEd FRCEM DipIMC RCSEd

Consultant in Emergency Medicine

Honorary Clinical Associate Professor University of Warwick Medical School

The following are excerpts taking directly from a report compiled by Dr Bleetman in August 2021

MEDICAL RISKS OF SKILLS IN THE P AND I CURRICULUM

General comments

Any and all physical interventions may result in injury. We have attempted to predict injury patterns from the skills delivered by this curriculum. Other nonpredictable injuries may occur. Injury to the staff member, service user or third party can occur from: slips; trips and falls; failure of the skill; escalation of violence; obstacles and hazards within the operational environment; the nature of the skill, and any specific vulnerabilities or conditions of both staff, service user and third party.

Injury will inevitably occur in some operational situations where there is a need to intervene to prevent imminent violence or to terminate a violent episode. The skills selected for these situations should have the best possible safety profile in comparison to any other skills that might be executed in the same situation for the same purpose.

A number of medical conditions may precipitate unintentional aggression and violence. These include: epilepsy; diabetes; drug effects; head injury; sepsis; cancer; alcohol; thyroid disease; dehydration and other metabolic disorders and a number of psychiatric and behavioural conditions. Staff and trainers require training in this area. Staff need to be made aware of service users' individual triggers and antecedents to violence and individual care plans.

Staff may be vulnerable to injury in both the training and operational environments due to: individual constitution; fitness; musculoskeletal disorders; obesity; cardiovascular and neurological disorders; stature; gender; psychological vulnerability; individual personal history; physical hazards in the operational environment; pregnancy and recent injury or surgery. They may also be injured if the operational situation escalates or if the skills fail.

Service users may be vulnerable to injury due to: stature; gender; physical and mental constitution; age; development (physical and psychological); mental illness; special needs; recent injury; musculoskeletal, cardiovascular and neurological disorders; individual previous history; physical disability; exhaustion; effects of medications; and the hazards within the operational environment.

P&I Training Support V4.4 September 2024

Restraint skills may be relatively safe at the moment of deployment, but if the subject is not adequately monitored, there is a danger of restraint-related injury or death. Service users may require restraint following excited delirium, malignant neuroleptic syndrome, serotonin syndrome or any other form of acute behavioural disturbance. Staff and trainers need very specific training in this respect.

The predictable risks of each skill within the P and I curriculum are presented. These cannot be exhaustive as any specific vulnerabilities of both staff and service users may render them susceptible to adverse outcomes by virtue of their condition or exceptional operational or clinical circumstances.

It is not possible to accurately quantify the medical risks for any particular skill as this will depend on a number of factors including: relative size, strength and gender of staff and subject; accuracy of executing the skill; the dynamics and environmental constraints of the situation; physical and mental constitution of staff and subject; escalation/de-escalation of the situation and personal vulnerabilities of both parties.

Skills have been grouped into those that have a similar risk profile.

A '*critical*' box appears in each table and serves to indicate a worst-case scenario outcome from each skills group. This does NOT imply that this outcome is in any way likely but were it to occur, would be so dangerous that it requires discussion during training together with strategies to avoid it.

The predictable risks for each skills group have been classified as '*likely*' or '*unlikely*' (as required). These cannot be quantified further but serve to inform P and I of the predicted relative risks of each skill.

Reporting systems will continue to evolve and inform the organisation about the safety of each skill in terms of injury rates, success rates and adverse or positive outcomes. The data collected by the reporting system should be shared with trainers and any medical reviewer so that this medical risk review can be amended as required.

Dr Bleetman highlights that the principles within the document reflect best practice and prepares the company well for compliance with BILD (British Institute of Learning Disabilities) RRN (Restraint Reduction Network) requirements.

P&I Training Support V4.4 September 2024

- Need for physical interventions where there is real and immediate risk while stressing using the least force necessary and maintaining dignity
- Use of force that is proportionate, least restrictive, least lengthy, and used as a last resort
- Inclusion of service users' input when reviewing restrictive interventions and transparency regarding physical interventions
- De-escalation and communication must always come before and during physical intervention.
- Reporting, reflecting and building a better response tailored to service users' needs.

History of intervention training

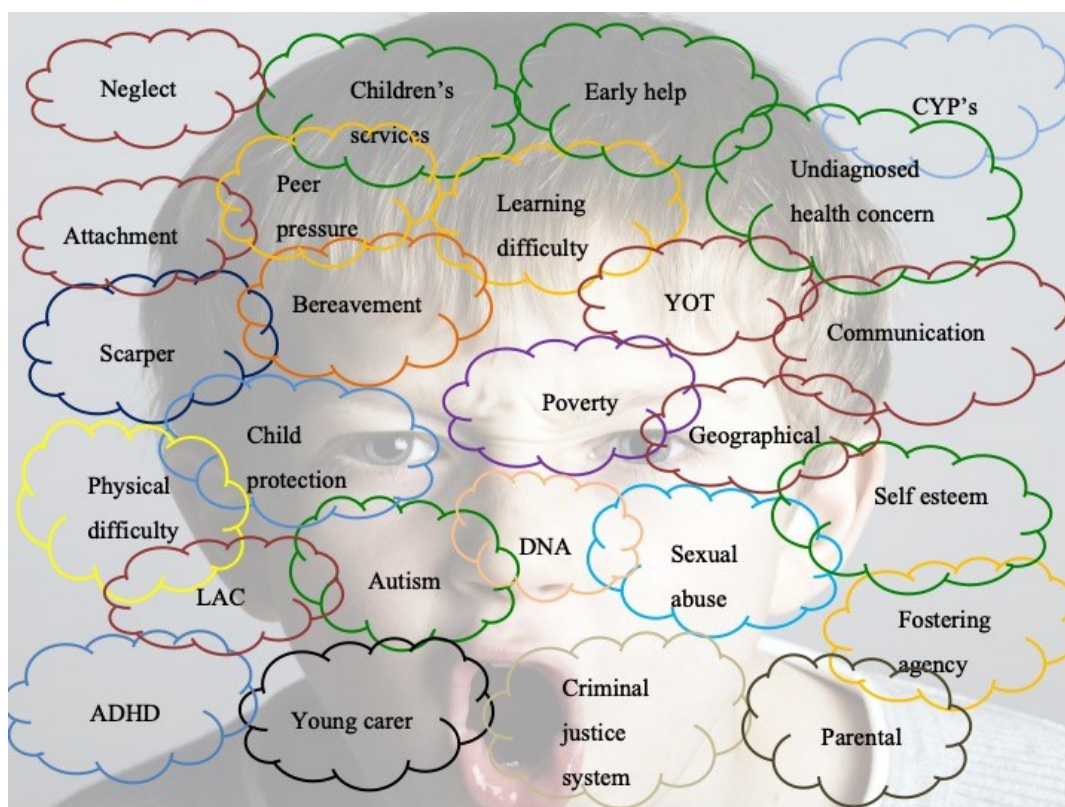
Corporal punishment

In state-run schools, and also in private schools where at least part of the funding came from government, corporal punishment was outlawed by the British Parliament in 1986. It was 1998 before all schools in outlawed corporal punishment.

The types of acts, and independent inspection agencies that were introduced to safeguard and promote the rights of children are represented by the following images.



The acts did not say that you couldn't handle children physically. The concern was that the physical handling wasn't carried out appropriately and all staff that physically intervene should have some form of knowledge on how to safeguard the young people.



When approaching incidents involving serious safety concerns staff should always remember some of the issues and concerns that our young people have to deal with. Behind the behaviours.

Basic Principals of Restrictive Physical Intervention (RPI)

De-escalation and using low-level response is the best and safest way of resolving an incident. If everything has failed to resolve an incident and physical intervention is necessary, the following advice must be adhered to.

- Restrictive Physical Intervention is: “the use of force to control a person’s behaviour” (DOH July 2002)
- RPI should only be used as a last resort when all deescalation/behaviour strategies have been exhausted
- The intervention must be a ***reasonable, necessary and proportionate*** response to the occurring situation and wherever possible RPI should be avoided.
- RPI should never be used as a punishment.

- Where force is necessary, it must be used in a way that maintains dignity for all concerned.

All members of school staff have a legal power to use reasonable force.

- *This power applies to any member staff at the school. It can also apply to people whom the Principal/Head Teacher has put in charge of pupils such as unpaid volunteers or parents accompanying students on a school organised visit. In the absence of the Principal/Head Teacher the designated lead in their absence becomes the decision maker on who is placed in a position of charge over the children/pupils/young people.*

“Safe and effective intervention – use of reasonable force and searching for weapons” March 2013

In general - Common law states that you can use reasonable force to defend yourself or others and to stop a crime being committed. Taken from www.cps.gov.uk/legal-guidance/self-defence-and-prevention-crime

Guidance states that no schools should have a ‘no contact’ policy. There is a real risk that such a policy might place a member of staff in breach of their duty of care towards a pupil or prevent them taking action needed to prevent a pupil causing harm.

When using the power of force, we must make the decision that there is real risk of 1 or more of the following occurrences taking place.

There must be “real and immediate risk” before physical intervention can be implemented.

Reasonable force can be used to prevent pupils from:

- hurting themselves or others,

- from damaging property, • or from causing disorder.

RPI can also be used if you believe that any of the above may occur if you were not to physically intervene.

An example of this would be that if there was immediate and serious risk of a pupil attacking another pupil you could physically intervene before the attack took place, if all other strategies had failed to support the incident.

The Department of Health (DoH) has identified 8 overriding principals when dealing with incidents of physical restraint:

The DoH guidance is separate to school guidance but runs hand in hand with the promotion of positive behaviour support.

- Restrictive interventions should never be used to punish or for the sole intention of inflicting pain, suffering or humiliation.
- There must be a real possibility of harm to the person or to staff, the public or others if no action is taken.
- The nature of techniques used to restrict must be proportionate to the risk of harm and the seriousness of that harm.
- Any action taken to restrict a person's freedom of movement must be the least restrictive option that will meet the need.

- Any restriction should be imposed for no longer than necessary.
- What is done to people, why and with what consequences must be subject to audit and monitoring and must be open and transparent.
- Restrictive interventions should only ever be used as a last resort.
- People who use services, carers and advocate involvement is essential when reviewing plans for restrictive interventions.

If RPI has been implemented, then the adult utilising it would be using what is known as reasonable force.

In law there is no definitive term of what Reasonable Force is.

P&I Training define the use of reasonable force as being – Reasonable in the circumstances.

“Reasonable in the circumstances” means using no more force than is necessary.

The principal of this is that you would use the minimum amount of force necessary for the minimum amount of time necessary. Once the criteria to hold is no longer present then you must release all holds.

The decision on whether to physically intervene, or not, is down to the individual judgement of the staff member concerned and should always depend on the individual circumstances of the incident and the young person involved.

The question should always be asked - was the response Reasonable, necessary, and proportionate to the circumstances of the incident? and - could anything other than physical intervention have been used to safely support the incident?

Examples of situations where reasonable force can be used.

Schools can use reasonable force to:

- remove disruptive students from the classroom where they have refused to follow an instruction to do so;
- prevent a student behaving in a way that disrupts a school event or a school trip or visit;
- prevent a student leaving the classroom where allowing the student to leave would risk their safety or lead to behaviour that disrupts the behaviour of others;
- prevent a student from attacking a member of staff or another student, or to stop a fight in the playground;
- restrain a student at risk of harming themselves through physical outbursts.

Examples of situations where force cannot be used.

Punishment – This is not allowed under any circumstances.

Power – To show a child/young person who is in charge.

Seclusion - Forcing young people into seclusion is not allowed.

If seclusion is to be used as a strategy, then written permission should be received. The only time you should consider using seclusion as a strategy to support behaviour concerns is if there is immediate danger. The same principals would apply as when using reasonable force to support – minimum amount of seclusion for the minimum amount of time necessary only as a last resort when no other options are available.

When we talk about written permission, seclusion is sometimes suggested as a strategy to support behaviour concerns. Leaving some young people alone for a specified period of time e.g. 5 minutes may allow them to calm down and recompose themselves.

The period of time should be agreed between senior staff members and parents/carers prior to the plan being implemented. If a plan of seclusion is to be used, then it must be done with the young person's best interests.

Other than pre-planned periods of seclusion, seclusion should be used only as a last resort and during incidents of immediate risk where it is likely that a serious incident may occur if you were not to seclude a child/young person.

Any seclusion should be for the minimum amount of time necessary.

You as the professional are the person that has responsibility to decide what is reasonable and proportionate in response to an incident.

Never attempt to do anything that will place you at serious risk. Emergency services are there to support for anything you cannot handle reasonably safely.

There is an element of risk during every incident. Managing this risk safely using your training can help to minimise the risk of injury to both staff members and young person.

During every incident of RPI you must ensure that the young person can breathe and always attempt to stay away from the joints of the young person to prevent breaking bones. If a young person tells you that they cannot breathe you must release the hold immediately and completely re-adjust your position to be certain that you are not causing serious harm. You may then go through the intervention processes again (if necessary) to ensure safety and reasonable force is being implemented safely.

When using force, we should always remember that the aim is to bring an incident to a positive conclusion. It is not to inflict pain or injury and whenever possible dignity must be maintained.

Monitoring and Positional Asphyxia:

What is ... Positional Asphyxia?

Breathing and restraint

Restraint can have an adverse effect on the ability of someone to breathe as the lungs play an important function in inhaling.

Expanding your chest draws air into your lungs. Issues begin to happen when the body is unable to expand the lungs fully and the oxygen requirement isn't being met. In an excited situation where restraint may be required this restraint has the capability to deny the body the extra oxygen it requires.

This oxygen deficit can be incredibly hard to notice as an individual can appear normal but have an oxygen deficit building. They can be making noises and engaging and then suddenly fall out of consciousness.

Positional asphyxia risk factors in restraint

Any restraint comes with the risk that breathing could be restricted. As we have seen this is because the mechanical process of breathing has been restricted. There are factors that can heighten an individual's risk.

- Heightened demand for oxygen
- Obesity
- Mental illness
- Small stature
- Intoxication
- Physical ailments

Prolonged restraint and struggling can result in exhaustion, reduced breathing leading to build up of toxic metabolites.

Restraint time should be kept to an absolute minimum – the degree of restraint used must be justifiable, reasonable, for the minimum time necessary and proportionate to the situation.

How to reduce the risk of positional asphyxia

As we have seen the risks of positional asphyxia can be high and telling if someone is affected can be difficult. If restraint is necessary, there are ways to ensure that you minimise the risk.

- Avoid anything that restricts the chest and abdomen in a prone, kneeling or forward reclining position.
- Don't restrain someone by bending them forward
- Don't put weight on someone's back
- Constantly monitor the individual
- Only restrain the individual for as long as necessary

Periods of prolonged restraint can lead to exhaustion. This can also lead to a build-up of metabolites which can be toxic. In extreme cases this can lead to life threatening situations especially if the individual has medical conditions or has been using drugs.

Monitoring a restrained person

If someone is needed to be restrained, then with the dangers in mind the person should be monitored to ensure that they are not at risk.

- Having difficulty breathing
- A change in their aggression levels
- Being sick
- Becoming unresponsive
- Swelling of the face and neck

- Expansion of veins in the neck

Regular checks should also be made on the vital signs, use the A, B, C method to check these.

A – Airways

B – Breathing

C – Circulation

Effective management

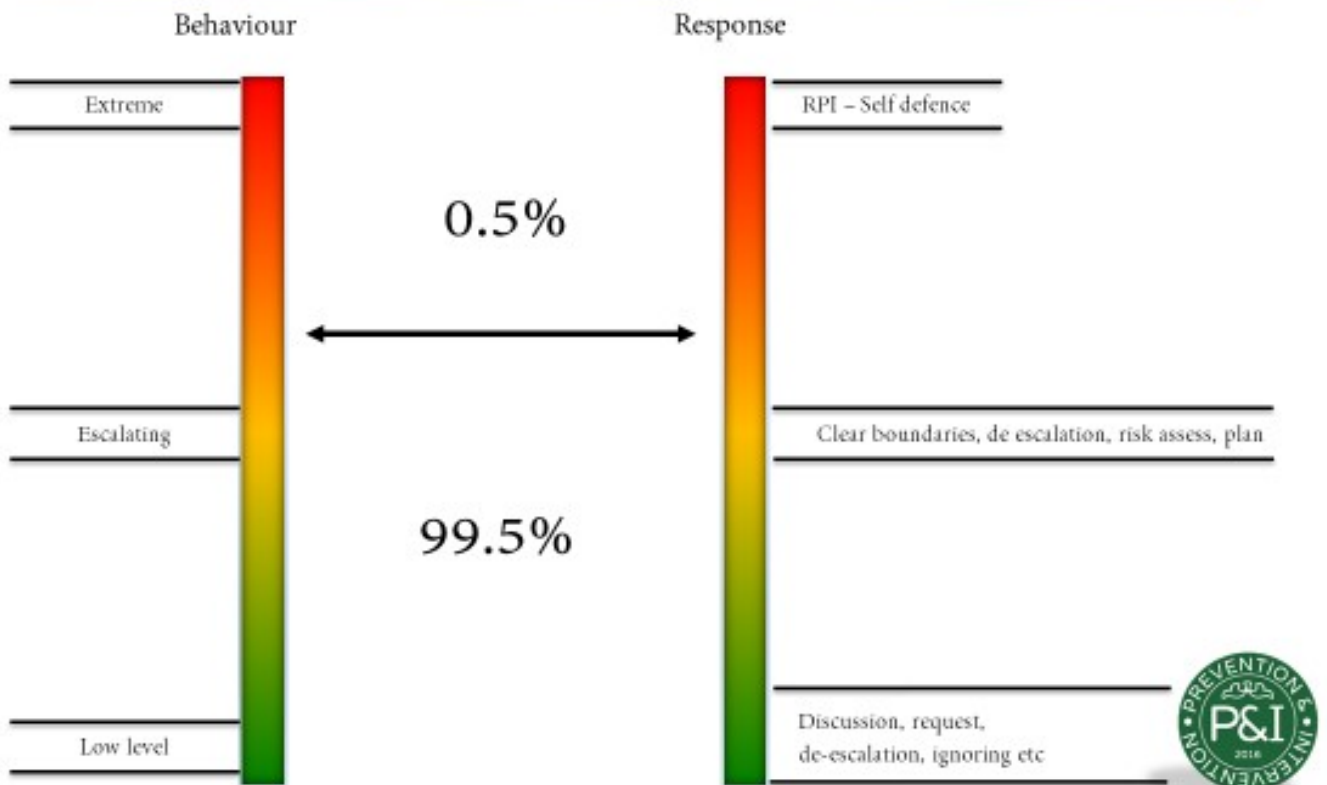
With the inherent dangers of restraint, the emphasis on a situation should be communication skills to de-escalate the situation and wherever possible you should avoid RPI. When involved in RPI it is your own judgment that will ensure the safety of staff and the young people/children that you are working with.

The power of force is just that, A POWER. It is not a duty of force, and you cannot be forced into restraining a child/young person if you feel that you may be placing yourself at significant risk of harm. You should, however, balance this up with your duty of care to the child/young person as well as your own physical safety.

Your height, size and physical capability (among other factors) along with the child/young person's height size and physical capability (among other factors) should always be taken onto consideration by senior staff members when making judgements to whether appropriate force was used during an incident.

P&I research informs us that (on average) 1 in every 200 incidents requires RPI to support the concern.

Response scale



www.panditraining.co.uk

Safety for all at a price you can afford

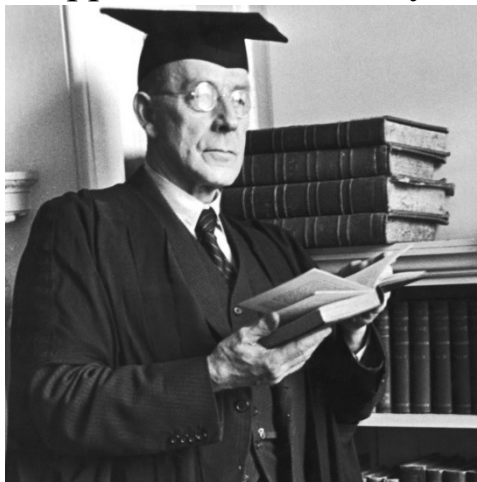
With this in mind, following government and legal guidance, we should always approach a situation/incident with the approach that it is much more likely that the incident will be resolved positively without the need for RPI.

Legal guidance informs us that when dealing with incidents involving serious behaviour concerns our response can mirror the level of risk that is being displayed.

Individual circumstances should always be taken into consideration and if RPI is necessary then it should be used in the best interests of the young person.

When using the power of force in a reasonable, necessary and proportionate manner government guidance informs us that the following should apply.

- Suspension should not be an automatic response to a staff member being accused of using excessive force.
- An individual should only be suspended if there is no reasonable alternative.
- Senior school staff should support staff when they use the power of force.



If you were to implement excessive and unnecessary force, then you will probably not receive the full backing of the leadership team.

When dealing with incidents involving behaviour concerns, we should approach in a none threatening manner.

Below is a basic approach for dealing with escalating behaviour.

1 - Remaining CALM

barriers– remember your training and how remaining calm will help to solve an issue

2 - Approaching a young person

none threatening – keep a safe distance

3 - Body language

small body – side on – arms unfolded – relaxed – facial expressions

4 - Communication

an offer of help rather than a threat of removal – is it possible for xxxx to speak with you

child friendly words – don't use threatening words – get them out, remove them now etc

When dealing with incidents of serious behaviour concerns, we should attempt all possible strategies to avoid physical intervention.

Body language, approach, the way we look, talk and speak with the young people will all have an impact on the outcome of any incident. 99.5% of all incidents are resolved without the requirement for physical intervention. It is during this 99.5% that we use all deescalation skills available.

The de-escalation strategies covered during your training day included.

Positive verbal approach

- Choice words - use something that calms you
- Give a way out

- Say the young person's name
- We, how and why – tone not volume

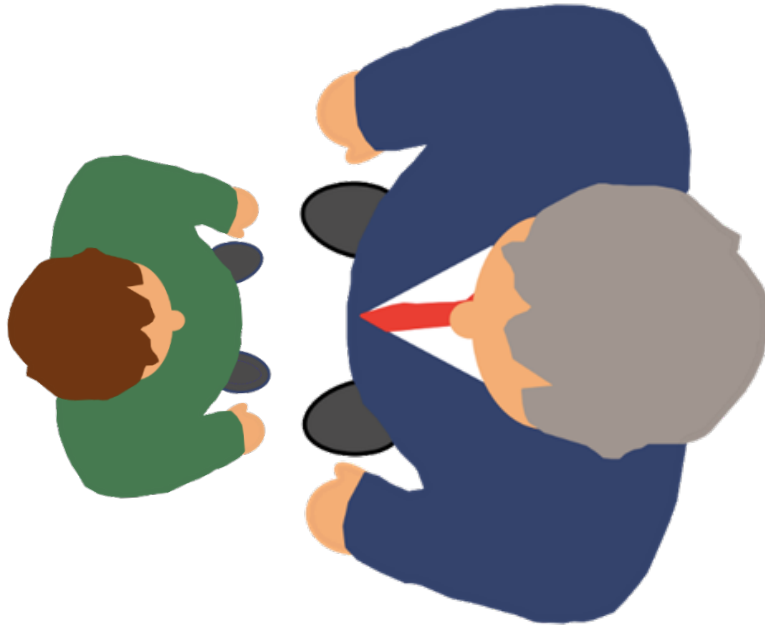
The overall aim is to give us the best chance to support the young person by not using words that will escalate a situation. Letting the young person know that there is a way back from the incident will help to resolve an issue rather than inflame it.

Positive listening approach

- In around 5 seconds the young person will work out if you are being sincere
- Focus on the young person
- Be sincere
- Don't have anything blocking you
- Listen to the young person and ask questions
- Don't answer phones or use your computer

The overall aim is to let the young person know that you care and are interested in what they have to tell you. Supporting them by actively listening can prevent them falling into crisis.

How would you feel?



Approaching a young person can be daunting for them. Using physical presence can be seen as threatening. How would you feel if somebody were to get really close to you in what could be perceived as an aggressive manner? Non-threatening approach will help to support incidents involving behaviour concerns.

Plant the seed



When dealing with young people we are always attempting to give them a way back from situations, particularly following a difficult day or week etc. Getting over this and letting the young people know that it has been resolved allows you to plant the seed for future positive behaviour.

An example of this can be - after a difficult day between yourself and another young person you may approach it by saying – “yesterday was a difficult day but today will be different. If you can focus, then I think we can have a really good day in school.” This may sound simple, but it can give you a platform to build on. If you tell the young people that it’s going to be a bad day, then it will probably be a bad day. Let them know there’s a way back.

Scaling

1

10



Scaling is a widely used and very common strategy to support behaviour. It can also be used as a measure to gauge mood and behaviour over a period of time.

Remember to use scaling with the young person fully involved with the planning and implementation of the agreed scaling method. It is more likely to be successful if the young person has some investment in the plan.

Recording

We talk about 3 levels of RPI – passive (none contact) guides/prompts and restraint. Restraint is the word associated with preventing

22

P&I Training are a registered limited company. The P&I 1-day programme is externally accredited by The CPD Standards Office.

movement by physical holding. Every incident involving restraint should be documented. Use the following guidance to ensure you have completed your incident form appropriately. Prompts, guides and passive intervention should be documented if it was used to support a behaviour concern or incident that was likely to cause harm to self or others, serious risk of damage to property or detrimental to the maintenance and good order to the running of your school. If you are unsure which level of incident you should record, please consult with a member of the SLT before finalising your decision.

Recording check list

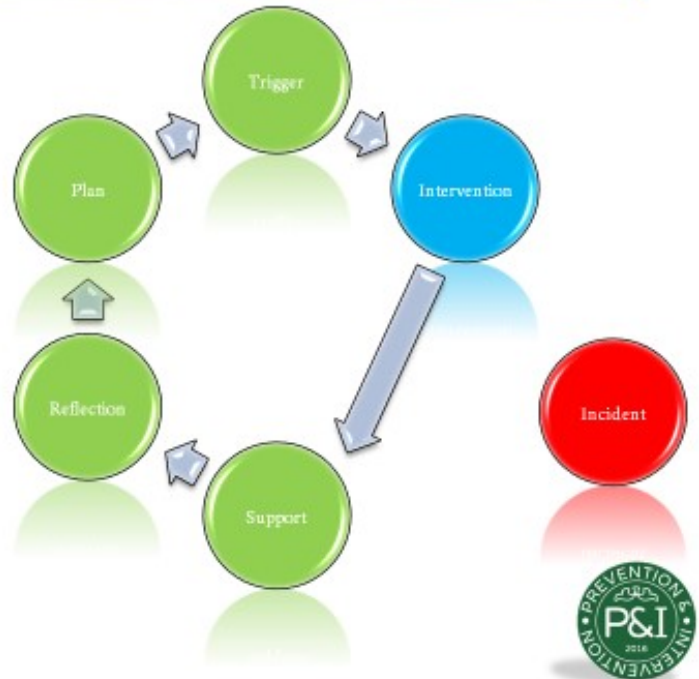
- Every incident of restraint will be documented.
- Records of RPI will be clear and concise.
- Specific occurrences must be added to the incident report.
- As brief as possible while ensuring there is some content to the reasons why Physical Restraint was used to maintain safety.
- Words must be written the way they were said.

e.g.: If somebody tells you to “fuck off” then it must be written that way. Do not write it using symbols to replace letters e.g.: “f%*k off”.

- We always use fact and not opinion.
- The aim is to complete paperwork within 24 hours of the incident occurring. Whenever possible complete before finishing your shift.
- Be mindful of the words you use to describe an incident as this could sensationalise the issue. Other professionals, carers, parents, relatives could be looking at the incident form.

Change the cycle

By changing
nothing,
nothing
changes.” - Tony
Robbins



www.panditraining.co.uk

Safety for all at a price you can afford

As staff members we should try everything possible to change the cycle of behaviour that results in serious incidents.

This manual is a guide to support what you have covered during your training day.

Please view the physical intervention supporting manual. This manual displays clear risk assessments for the holds that were presented during your training day.

There are also a number of supporting videos on our website which are there to be used freely as part of your agreed training package.

Recommended Documents

DfE use of reasonable force 2013 -

<https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools> *Dealing*

with allegations of abuse against teachers and other staff -

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attach>

[ment_data/file/361444/DFE-RR192.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/361444/DFE-RR192.pdf)

For any additional support please visit P&I Training and their partners at the following website addresses:

P&I Training LTD www.panditraining.co.uk

Clennell Education Solutions www.clennelleducationsolutions.co.uk

CPD Standards Office www.cpdstandards.com

Information Commissioners Office www.ico.org.uk