ANGUS COUNCIL GUIDANCE ON PHYSICAL INTERVENTION

Physical intervention is a wider term which includes restraint but also includes methods where holding is not used such as guiding the person away from a harmful situation.

In terms of challenging behaviour, this may mean the restriction of free movement or mobility as a means of controlling the behaviour. This may include:

- **Physical restraint**
- **Seclusion or 'time out'**
- **Use of electronic devices or locked doors to restrict freedom**

Under normal circumstances it is not advisable to use physical intervention to manage behaviour. Where damage to property is a risk, restraint and or seclusion must only be used when the damage presents as an immediate risk of harm to the person or another individual. There will, however, be occasions where it becomes necessary and it is for occasions such as these that these guidelines have been developed

GENERAL PRINCIPLES

The use of physical restraint requires a judgement to be made about the balance between the restriction of a person's liberty for reasons of safety and wellbeing against an individual's human rights and rights to freedom. It is an established principle under international human rights law that individuals have the right to be cared for in the least restrictive environment available. **Angus Council believe that restraint should be seen as a last resort where there is no alternative and we are committed to the principles of the least restrictive/least intrusive intervention possible.**

Physical restraint should never be used as a threat in an attempt to control behaviour seen as undesirable by staff or to enforce compliance with staff instructions.

Locking someone in a room alone (including holding the handle of a door), because of their behaviour is usually referred to as seclusion. **Angus Council regards seclusion as a form of restraint.**

"*Seclusion can only be justified on the basis of a clearly identified and significant risk of serious harm to others that cannot be managed with greater safety by other means"*(MWC, 2014). Seclusion can be regarded as a deprivation of liberty, albeit of relatively short duration. The use of seclusion can cause distress and psychological harm and can increase the potential risk of self-harm. Seclusion should only be considered where a clear risk is identified that the person who is to be secluded presents a significant degree of danger to other people and the situation cannot be managed in another

way. Any seclusion should be for the shortest time possible. This method should not be used repeatedly to control situations.

Restraint must **not** be used when:

- it is judged that the staff cannot manage the person safely through the use of restraint techniques
- you are not in control of yourself physically and emotionally
- other methods of restoring a safe situation are likely to be successful
- to gain compliance with staff instructions where no significant risk is present

1.0 INTRODUCTION

1.1 This guidance applies to all staff working within the council.

1.2 Staff should follow current guidance including Health & Safety at Work Act 1974 and refer to service specific guidance for legislation and guidance relating to their service area where applicable

1.3 Individual care planning and risk assessing are vital. As such this information should be shared with those that may be required to support the individual Supportive structures and positive behaviour management address the issue of behaviours of concern.

1.4 All staff may be faced with the possibility of using physical intervention to manage the behaviour or actions of people that we support. These guidelines provide a framework which will offer guidance to staff.

1.5 These guidelines do not provide step by step guidance for managing situations requiring physical intervention. They are designed to provide clarity about key principles, legal issues and the means by which the guidelines will provide the foundation on which good practice can be developed. Please also refer to service specific guidance

1.6 Included is a clear statement about the method and approach to be used to manage behaviours of concern and details of the training being offered to staff. Examples of behaviours of concern are, verbal disruption, Physical aggression, repetitive actions, resistance to personal care, socially inappropriate behaviour etc.

2.0 DEFINITION

2.1 Physical intervention is defined as any method of responding to behaviours of concern which involves some degree of direct force to try and limit or restrict movement. Physical intervention can also be called manual restraint and restrictive physical intervention.

2.2 Seclusion can be defined as where a person is isolated and prevented from leaving a room of their own free will, even if it is called by a different name. Alternative names in use may be: time out, isolation, chill out, or single separation. There could be a number of methods that

prevent someone from leaving a room including a perceived or real threat.

3.0 AIMS

3.1 The aims of these guidelines are to:

- Enable staff to understand that physical intervention with people we support while undesirable as a means of managing behaviour, is sometimes necessary
- Explain why members of staff who judge it appropriate to physically intervene under their duty of care (see 4.1) can do so without having received prior training.
- Describe the limited circumstances in which physical intervention should be contemplated.
- Clarifies the principles for the use and management of physical intervention.
- Describe training opportunities for staff in this area of work.

4.0 LEGAL FRAMEWORK

4.1 There is a small risk of allegations being made or legal action being threatened or taken against staff. If these guidelines are followed, that risk is minimised.

4.2 In any criminal investigation, the police would consider all circumstances before deciding whether or not to charge. The Procurator Fiscal has to be satisfied that it is in the public interest to proceed to court. Where a complaint has been made to the police, this would not necessarily result in court action being taken. Although the use of a preventative suspension may apply during the course of any police investigation

4.3 It is only where physical intervention goes beyond the level of force or restraint required, or lasts for an excessive period, that the likelihood of successful civil or criminal action arises.

5.0 KEY PRINCIPLES

5.1 The following principles are central to the development of good practice in this area. It should be noted that there may be conflict between these principles and judgement must be exercised.

5.2 **Staff should always attempt to de-escalate the situations, should seek assistance from another member of staff where possible and must only use physical intervention as a last resort**.

5.3 Physical intervention should only be used when it is judged that there is an immediate danger of injury to the person or others. **Where damage to property is a risk, restraint and or seclusion must only be used when**

the damage presents as an immediate risk of harm to the person or another individual .

5.4 In any action you judge necessary to take, have regard to your own safety.

5.5 Where the person's circumstances indicate that individualised arrangements for physical intervention are required, these should be discussed and agreed by staff, the supported person and their parents/carers. Details should be noted in the supported person's care plan and behaviour risk assessment.

5.5 The review of service specific care plans and behaviour risk assessments is essential. Where behaviour is predictable and/or is regularly observed, use of CALM Physical Intervention techniques should be integrated into the care plan and risk assessment and discussed with staff teams.

5.6 The use of physical intervention should be based on a stepped approach that should aim to control situations with a minimum of staff intervention.

5.7 Any decision to use physical intervention to control a situation should be made on a judgement that the action is in the best interests of all concerned.

5.8 The decision to physically intervene must take account of the circumstances and be based upon an assessment of the risks associated with intervening compared with the risks of not doing so in as so far as such an assessment is possible.

5.9 Physical intervention by a member of staff should be used for the minimum extent and time necessary to allow control of a situation. This is the minimum time needed to avert injury or damage to property, or restore conditions of personal safety.

5.10 Physical intervention must not involve the deliberate use of pain to reach compliance.

5.11 Foreseeable issues could include predictable response from a service user in given set of circumstances.

5.12 Any procedure which restricts breathing or impedes the airways, extending, flexing or putting pressure on the joints and pressure on the neck, chest, abdomen, or groin areas **must not be used**.

6.0 INTERVENTION APPROACHES

6.1 All members of staff have a duty of care towards people in our care. That duty may require staff to physically intervene to ensure the safety of a person we support or others. However only staff that are trained in physical intervention should undertake this role. Training courses which

provide theoretical and practical instruction in behaviour management and physical intervention techniques are available to staff who have been identified as requiring training

6.2 The principles in this document are informed by the British Institute of Learning Difficulties (BILD) and by the training programmes developed by (CALM) Training Services. The focus of these approaches is on prevention and de-escalation followed up, **as a last resort**, by physical intervention.

6.3 CALM is a strategy that encourages a team approach, balancing the rights and needs of the service user and staff member, by promoting a common understanding of good practice. The physical intervention programme involves a graded hierarchy

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6.4 Staff do not need to have been trained in CALM techniques to assess potential areas of risk. Managing behaviours of concern must not be seen to be solely the responsibility of staff who have undertaken CALM training.

7.0 TRAINING

7.1 Initial basic Physical Intervention training will be available subject to prd / appraisal needs requirements to all appropriate staff, based on risk assessment, at the earliest opportunity. This will be followed up by annual re-accreditation of skills and knowledge as outlined in CALM Quality Assurance Procedures.

7.2 All staff will be expected to follow with this guidance and, in the case of trained staff, to apply effectively the knowledge and skills gained from training.

7.3 All staff that are accredited in the use of physical intervention, Behaviour support for early years and Escape techniques must undertake and record practice of techniques monthly.

8.0 REPORTING

8.1 Within each service area all incidents of physical intervention from Calm technique T4 and above must be recorded using Angus Council's incident reporting system. If necessary this may be followed up with the completion of all other relevant paperwork please see service specific policy for further guidance where applicable

8.2 Parent/carers must be informed that there had been an incident which involved physical intervention / seclusion being used. This should be done firstly by telephone the day of the incident where possible.

9.0 PRACTICE AUDIT/REVIEW

9.1 Managers and their staff will discuss and review practice. This will allow staff teams to reflect on their practice and adjust accordingly to continue to meet the needs of the service user and maximise safety for all concerned

9.2 Where necessary, review of individual care plans and behaviour risk assessments should include clear information on the approach and methods being used to manage situations. Frequency and consistency of intervention should also be monitored.

9.3 In conjunction with CALM Quality Assurance procedures, an annual report is submitted to CALM by the learning and development coordinator with responsibility for CALM which details the number of interventions that have taken place that year across all our settings. This allows CALM to review their processes and procedures and ensures continuous development of our internal systems including training and on-going support.

10.0 GUIDANCE REVIEW

10.1 These guidelines will be monitored and reviewed on an annual basis.