



## Atherstone & Bedworth Heath Maintained Nursery Schools and Warwickshire Early Years Hub

# Policy on the use of Physical Restraint

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Approved by Governors	<i>D Wainwright</i>		
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## **Policy On The Use Of Force To Control Or Restrain Pupils**

### **Objectives:**

The key objective of this policy is to maintain the safety of children, staff and other service users. All staff have a contractual duty of care to maintain discipline and to keep children safe. This duty of care may require them to physically intervene in certain circumstances. These circumstances are described as those when it is necessary to prevent a child from doing, or continuing to do any of the following:

- Causing personal injury to, or damage to the property of any person (including the child themselves)  
Or
- Prejudicing the maintenance of good order at both Schools or among any child receiving education at the Schools whether during a teaching session or otherwise.

**(Section 93 of Education and Inspection Act 2006)**

### **Minimising the Need to Use Force.**

All staff will foster techniques that create a calm environment as this will minimise the risk of incidents that will require force and restraint. The development of each child's Personal, Social and Emotional skills are embedded in practice through the delivery of the EYFS curriculum and the use of Leuven Scales to monitor levels of emotional well-being. For pupils where there may be an increased risk of regular use of force to restrain or control them; the 'Risk Assessment' process will be undertaken by SENCO and the child's Key Person. This Risk Assessment may involve the formulation of a 'Positive Handling Plan' for that child.

### **Staff Authorised To Use Force.**

All staff who are full and part time on permanent or temporary contracts with WCC whose job involves the supervision/ education/ care of children are permanently authorised by the Head Teacher to use force to control or restrain children (see current staff list) Volunteers, students and supply staff are not on our list of staff authorised to use force to control or restrain children but it is agreed that in rare circumstances they may be required to take reasonable actions to defend themselves from being harmed by a child.

### Deciding Whether To Use Force

Staff should always remember that force should only be used when the risks involved in doing so are outweighed by the risks involved in not using force and when the chances of achieving the desired result by other means are low.

### Using Force

Staff should use the minimum force required to achieve the desired result. The force used should be proportionate to the consequences it is intended to prevent. A clear oral warning should always be given to the child that force may be used. The small stature of our children means that they are likely to be easily restrained or moved to another area without the requirement for specialist restrictive holds. Staff should not (as far as possible) use force unless or until another responsible adult is present to support, observe or call for assistance.

### Staff Training

The decision for all appropriate staff to be trained in 'physical intervention' (the type of which will be as per the recommendations of the Local Authority) will be taken based on the circumstances of the Nursery Schools in the light of their current particular needs and circumstances. The Head Teacher and SENCO/governor responsible for Special Educational Needs will review this decision as it becomes appropriate. Staff should note that individuals **do** have statutory power to use force by virtue of their job and that this power can be used **regardless** of whether they have received training. The 'Staff Handbook' informs staff, volunteers and students of the location of school policies and makes it clear that it is the responsibility of each person to be familiar with the content of them.

### Recording Incidents

Systematic records of every **significant** incident in which force has been used will be kept by staff using the form Appendix 1. (Blank forms and completed forms are located/ kept in the incident book in the Head Teachers office.) The Administrative staff will log an incident form and submit to the local authority when required to do so (Appendix 2).

In deciding whether an incident is significant, staff should be mindful of the following and if the answer to any of the following question is 'yes', then they are required to make a written record which has been made and written record made available to her.

- Did the incident cause injury or distress to a child or a member of staff, or other adult?
- Even though there was no apparent injury or distress, was the incident sufficiently serious in its own right to require a written record?
- Is a written record needed to be able to justify the use of force? This is particularly relevant where the judgement was very finely balanced.
- Is a record needed to help identify and analyse patterns of behaviour or staff training needs?
- Has a staff member had to intervene, no matter how small that intervention was?

### Reporting Incidents

Parents/carers will always be informed as soon as possible after a written record is made. Any injuries must be reported via the normal adopted procedures.

### **Post Incident Support**

Staff, children and other affected adults should always be provided with both physical and emotional support following a significant or serious incident. The Head of School and Nursery Lead Teacher will provide/ take responsibility for undertaking/ organising this support.

### **Complaints and Allegations**

If an allegation of abuse is made against a member of staff then we will follow the guidance set out in “Keeping Children Safe in Education (2023)”, working together to safeguard children and local arrangements. Other complaints should be dealt with via normal adopted complaints procedure.

### **Monitoring and Review**

This policy will be reviewed annually. Changes to policy at other times (that are considered urgent in the light of changing circumstances) will be discussed as appropriate by the Executive Head Teacher/SENCO/ responsible Governor.

**Appendix 1: report form**

**USE OF FORCE TO CONTROL/RESTRAIN A PUPIL: INCIDENT RECORD**

**Ref No:**

Details of pupil or pupils on whom force was used by a member of staff (name, class)	
Date, time and location of incident	
Names of staff involved (directly or as witnesses)	
Details of other people involved (directly or as witnesses), including whether any of the pupils involved were vulnerable for SEN, disability, medical or social reasons.	
Description of incident by the staff involved, including any attempts to de-escalate and warnings given that force might be used.	
Reason for using force and description of force used.	
Any injury suffered by staff or pupils and any first aid and/or medical attention required.	
Reasons for making a record of the incident.	
Follow up, including post-incident support and any disciplinary actions against pupils.	
Any information about the incident shared with staff not involved in it and external agencies.	
When and how those with parental responsibility were informed about the incident and any views they have expressed.	
Parent/Guardian Signature	
Has any complaint been logged (details should not be recorded here)?	
Report compiled by:	Report countersigned by:
Name and role:	Name and role:
Signature:	Signature:
Date:	Date:

**Accident/Incident/Near Miss reporting Form**

**(You should only use this form if you cannot access the on-line accident recording system).**

**THIS FORM IS CLASSIFIED AS PROTECT** - WCC collects personal information about you on this form in relation to accidents, injuries, diseases, near misses and dangerous occurrences arising out of or in connection with work. We may share your information with the HSE to ensure we meet our legal requirements. For further information on how we maintain the security of your information and your rights to access the information we hold on you please see our WCC Privacy Policy and WCC Accident/Incident Policy.

\* Compulsory field

**A. ACCIDENT TYPE** \* (see Appendix 1) Accident/Incident which may or may not have resulted in an injury, work related ill health, violent incident or road traffic incident, Near Miss, Dangerous Occurrence or Environmental Incident)

WHICH OF THESE BEST DESCRIBES YOU AS THE AUTHOR OF THIS DOCUMENT? (Please tick)\*

Injured person (IP) including reporting ill-health  Manager of Injured Person (IP)  Other (e.g. colleague)   
 Author's Group (please tick)\* School  Resources  Communities  People  Fire & Rescue

Author's Business Unit/Team/Service/School (please detail) \*

**B. PERSONAL DETAILS OF INJURED PERSON\*** (please tick/detail except If reporting a near miss, dangerous occurrence or environmental incident when you should go direct to section C)

First Name  Last Name

Home Address

Male  Female  Age ?  Date of Birth (if known)  Contact Telephone no (if known)

Status: Employee  Pupil  Contractor  Parent /Member of Public  Customer/Client  Work Experience/Placement   
 Volunteer  Agency Staff

IF WCC employee, job title  Full time  Part time

**C. DETAILS OF ACCIDENT/DANGEROUS OCCURRENCE** (please continue on separate sheet if necessary)

<b>C.1*</b>	<b>Exact location where incident occurred* (e.g. site/school name and address)</b>	<b>* Specific area within location/building (e.g. classroom, corridor)</b>	
	<input type="text"/>	<input type="text"/>	
	<b>Date of accident/incident:*(DD/MM/YY)</b>	<b>Time of accident incident:*</b>	<input type="text"/>
<b>C.2*</b>	Describe the circumstances of what exactly happened (Please provide as much information as possible including relevant factors, e.g. internal/ external floor conditions/levels, weather, other people involved, use of equipment, chemicals, plant, using PPE, doing something out of the normal or usual activity process, not trained to do, damage to property, etc.) <i>Continue on separate sheet if required</i>		
	<input type="text"/>		
<b>C.3*</b>	Was there anything defective with the workplace that may have contributed towards the cause of the incident? e.g. lack of supervision, defective faulty equipment, or the way equipment was used, the condition of the premise, spills, etc. If no defects, state 'None'		
	<input type="text"/>		

C.4*	Describe the immediate actions taken following accident/incident (e.g. who notified (internal and external), who initially checked for defects and when, area made safe, spill cleared up, equipment taken out of use, etc...)
C.5*	Was any first aid treatment given directly, at the location of the incident/accident? State 'None' if no treatment given
C.6*	Name, address and contact details of witness (appendix 2) (attach witness form if completed). State 'None' if no witnesses.

**D. DETAILS OF ANY INJURY** (please detail)

D.1*	Injury Type (see appendix 3)	D.2*	Details of part of body affected (e.g. arm, leg, whole body) include left/right if appropriate (see appendix 4)
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**E. Confirmation of Injury outcome\*** (please tick). **If taken to hospital, please complete Section F**

No  Fatal  Sent/taken  Prevented from  Prevented from working   
 Returned to Injury Normal Activity Injury home working for 3- 7 days for more than 7 days

(When calculating absence of more than 3 days, please include non-working days such as weekends and bank holidays, if the injured person would have been unfit to carry out their full range of duties)

**F. INJURED PERSON TAKEN TO HOSPITAL**

Only to be completed if the injured person has been taken to hospital when you must complete all of section F. Otherwise sign and date as the author and give to the manager. If completing this form as a manager/nominated manager of the injured person move to section G.

F.1	Were they taken directly to hospital for treatment? (from address in C1) (Examinations and diagnostic tests do not constitute treatment)
F.2	When was the injured person taken from the accident/incident? (Date/Time)
F.3	What treatment was given at the hospital?

Authors Signature*	Job Title*	Date*
Print Name*		

**Sections G and H to be completed by manager or nominated manager**

**G. KIND OF ACCIDENT\*** (select from appendix 5 - If 'fall from height' state how far above or below ground\*)

Violent incident
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**H. INTIAL FINDINGS AND ACTION TO PREVENT RECURRENCE**

H.1*	Investigation findings (Please give details of your initial findings. You may be required to complete an accident investigation form. (Appendix 6))	
H.2*	Action to prevent recurrence (Specify the actions to be taken to prevent recurrence, when taken and by who)	
H.3*	Expected date of Return (complete with date of accident/injury if no absence)	N/A

**Signed by manager/nominated manager\***

Signature	Print Name;
Job Title:	Date

Please return this completed form to: Accident Reporting, Health, Safety and Wellbeing Service, Warwickshire County Council, Shire Hall, Warwick CV34 4RL (by post in a sealed envelope marked private & confidential) or email [accidentreport@warwickshire.gov.uk](mailto:accidentreport@warwickshire.gov.uk) (from a secure email address only) Any queries please ring Tel No: 01926 476803. (PLEASE DO NOT FAX)