



Restrictive Physical Intervention Policy (St. John's College)

1. Purpose and scope

The Head of College has the responsibility to maintain the safety and wellbeing of the learners and staff. This policy focuses on how we may use physical intervention with learners, what processes we have in place to ensure we are recording and reporting all instances of restrictive physical intervention (RPI) and how we are working to reduce its use in the college and residential settings.

This policy has been written considering the need to comply with the requirements of the Manual Handling Operations Regulations, 1992 (revised 1998 edition), and the Health and Safety at Work Act, 1974. It takes full account of the Equality Act 2010, the Children and Families Act 2014, the European Convention for the Protection of Human Rights and Fundamental Freedoms and the EU Charter of Fundamental Rights. It also complies with and supplements the relevant provisions of the Education Act 1996, Education and Inspections Act 2006 and the Government It takes account of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Restraint Reduction Training Standards.

This policy must be read in conjunction with the following policies:

- Child Protection and Safeguarding Policy and Procedures
- Adult at Risk Safeguarding and Protection Policy and Procedures
- Anti-bullying Policy
- Behaviour Policy
- Exclusions Policy
- Debriefing policy
- Health & Safety Policy
- Staff Code of Conduct
- Whistleblowing Policy
- DoLS Policy
- Mental Capacity Policy

2. The context

The Ambitious Approach to education, applied in our colleges and residential homes requires all policy and practice to afford our learners with dignity, compassion and respect. Our Ambitious Approach is centred around improving the quality of life of autistic children and young people while they are in our settings and ensuring this quality of life continues

- Treated with dignity and compassion
- Valued
- Listened to
- Supported to have the best quality of life possible
- Empowered to make choices and decide on how they want to live their life.

RPI, both planned and unplanned, can undermine dignity, respect and compassion and this

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All interventions should be in accordance with individual Behaviour Support Plans (BSPs) that are put in place for an appropriate period. The desired outcome of the PBS approach is instances of behaviours of distress will decrease. Physical interventions will be systematically faded out

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When assessing the needs of any individual that requires the use of a restrictive practice as part of their support plan, it is essential that advice is sought from the relevant medical professionals around the use of such practices for the individual when underlying medical conditions are diagnosed and/or apparent.

9. Recording a RPI

All restraints, both planned and unplanned, must be recorded in Databridge. Staff will be trained during their induction period in reporting.

If an intervention is set out in a young BSP then it gets recorded as a **planned physical intervention**.

If an intervention is used that is not prescribed in the BSP it must be recorded as an **unplanned physical intervention**.

10. Seclusion

The Human Rights Act 1998 sets out important principles regarding protection from abuse by state organisations or people working for these institutions. It is an offence to lock an individual in a room without recourse to the law (even if they are not aware that they are locked in) except in an emergency.

The right to liberty and personal freedom is enshrined in Article 5 of the Human Rights Act 1998 and is protected by criminal and civil law. For these reasons the use of seclusion outside the Mental Health Act **should only be considered in exceptional circumstances** and should always be proportional to the risk presented by the child/young person or person supported.

In adult services, any form of environmental restriction imposed on individuals should be

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