*St. Michael's House Special National School*

# *POSITIVE BEHAVIOUR SUPPORT & USE OF RESTRICTIVE PRACTICES*

## 1. INTRODUCTION

In keeping with the ethos of St. Michael's House Special National School (SMH SNS), this policy reflects our commitment to providing a safe and secure learning environment for all pupils. It applies to all staff in SMH SNS.

SMH SNS promotes the use of positive approaches with children with behavioural support needs and a restriction free environment. On occasion, the use of restrictive interventions may be required as a last resort and for the purpose of protecting a child's wellbeing and the wellbeing of others, but this is always the least restrictive approach possible, for the shortest period of time possible and proportionate to the risks.

This policy has been reviewed in conjunction with St. Michael's House (SMH) Positive Behaviour Support Policy (2019), and Policy on the Use of Restrictive Practices (2019). SMH categorises restrictive practices as mechanical, physical, environmental and chemical. SMH SNS use these restrictive practices, in exceptional circumstances, as outlined in this policy.

## 2. RATIONALE

Our school in the first instance applies the principles outlined in our Code of Behaviour which provide guidelines to staff on the use of day to day positive behavioural management strategies. These are designed to help all pupils to modify/manage their own behaviour in the long-term. We apply a Positive Behaviour Support (PBS) model where the pupil is supported on a three-tiered level: a school wide PBS approach, a classroom based PBS approach and an individually targeted approach. With the latter, every pupil who presents with behaviours of concern has a Positive Behaviour Support Plan (PBSP). This plan is specific to the pupil, developed by the teacher and special neds assistants, with clinical advice as appropriate/available and in consultation with the pupil's parent(s)/guardian(s), whose signed consent is sought for the plan.

This PBS approach is about understanding the function of a behaviour through recording and analysing data followed by the teaching of functionally equivalent skills to replace the behaviour of concern. The PBS approach acknowledges that children develop their safety awareness and behavioural self-management at different rates and communicate their need for support in managing their behaviour in different ways. As teachers, we modify our approach through listening to the message being communicated. Positive Behaviour Support Plans outline all the proactive strategies to be put in place to reduce a pupil's challenging behaviour and its impact on him/her/others. If these strategies and supports are not always sufficient to maintain the safety and wellbeing of the child or others, the plan will include a reactive strategy for what to do when the behaviours are occurring, such as a low arousal approach or removal of other pupils to a place of safety.

As much as possible, our reactive strategy is based upon the message/function of the behaviour. This means that we facilitate a child to 'solve the problem' (access our attention, change their location, finish work, request pain relief, etc) using other skills. We do this to resolve the incident as quickly and as safely as possible. Our philosophy is to regulate before we educate. This is particularly important for pupils with anxiety and /or ASD.

In exceptional circumstances, where there is a risk that a person may be in immediate danger as a result of aggressive challenging behaviour or from a health and safety point of view, the use of restrictive strategies may be necessary (UN Convention on the Rights of the Child, Act 37a). In such instances, this policy on the use of restrictive practice applies.

If it is necessary to use a restrictive practice, it must be the lowest level of restriction that is effective for a particular intervention and should applied for the least amount of time possible. The detail of how and in what circumstances the restrictive practices are used with the pupil is included in his/her School Positive Behaviour Support Plan. The guidelines below are followed which include constant monitoring and review.

The Board of Management takes seriously its duty of care to pupils, employees and visitors noting that:

**The paramount concerns are for the safety and welfare of the pupils in the school as well as for the safety and welfare of the adults who look after them. Therefore, we will aim to implement our duty of care to all affected by our work at all times.**

## 3. LEGAL FRAMEWORK

The policy is based on guidance from the following:

- Education and Welfare Act 2000
- Safety, Health and Welfare At Work Act, 2005
- Safety, Health and Welfare at Work (General Application)(Amendment) Regulations 2007 (as well as other statutes and standards)
- Children First Guidelines 2011
- Department of Education Child Protection Procedures for Primary and Post Primary Schools 2017
- Guidelines for Schools on Supporting Students with Behavioural, Emotional and Social Difficulties - An information guide for Primary Schools: DES 2013
- St. Michael's House: Policy on the use of Restrictive Practices
- UN Convention on the Rights of the Child
- UN Convention on the Rights of Persons with Disabilities
- NCSE (2015) Policy advice paper No. 5: Supporting children with ASD in schools
- Mental Health Commission (2010) Code of Practice: Guidance for persons working in mental health services with people with intellectual disabilities.
- Health Information and Quality Authority (HIQA) (2016). Guidance for designated centres on restraint procedures (2014, updated 2016).

This policy should be read in conjunction with the following school policies and structures:

- Safeguarding Statement
- Anti-Bullying
- Code of Behaviour
- Health and Safety Statement
- Admissions Policy
- Intimate Care
- Home School Communication Policy/ Grievance Procedure
- Data Protection Policy
- Supervision Policy

## 4. AIMS

- To provide clear guidelines to staff, pupils and parents/guardians regarding the use of restrictive practices in our school, including the use of time out of class and withdrawal from class.
- To create a culture within the school where there is minimal use of restrictive practices, where any restrictive practices used are: the least restrictive possible, used for the shortest duration possible and proportionate to the presenting risks.
- To promote the children's development of effective relationships, mood management and interpersonal skills.
- To develop individual proactive strategies (outlined in a pupil's Positive Behaviour Support Plan), where applicable, that reduce the likelihood of challenging behaviour occurring and manage its impact on the child/others if/when it does occur.
- To ensure that parent(s)/guardian(s) are consulted and consent to the ways in which their child's behaviour is supported while at school.
- To adopt and maintain a low arousal approach throughout the school, keeping the environment as calm as possible.
- To manage serious incidents if they occur.
- To reduce the risks associated with serious incidents such as injuries to pupils, staff or others or serious damage to property.

## 5. DEFINITIONS

**Restrictive Practices**

The term Restrictive Practices refer to the use of mechanical restraint, physical restraint, environmental restraint or chemical restraint for the purpose of requiring a child to refrain from behaviour that may cause damage or injury.

**Mechanical Restraint**

The application and use of materials or devices on or close to a child's body that he/she cannot easily remove and that restrict freedom of movement of a part or all of their body or that restrict his/her normal access to the body or parts thereof. Some examples of mechanical restraints are: belts, straps, harnesses, modified seatbelts (guards/locks/harnesses), restrictive clothing, cuffs, splints, bed rails, recliner chairs and wheelchair trays.

**Physical Restraint**

The use of physical interventions such as holding or guiding/blocking a child or part of his/her body, for the purpose of preventing his/her free movement (MHC, 2010). Examples of such interventions are: standing in the way of a child so as to block/guide them in another direction, some holds used for medical/nursing procedures and certain restrictive CALM techniques.

Note: CALM escape, release and de-escalation techniques are exempt from this category, as they are not restrictive in nature.

**Chemical Restraint**

The use of medication to control or modify a child's behaviour when no medically identified condition is being treated (HIQA, 2016). This form of restraint is also known as 'psychotropic medication as restraint', which is defined as the use of sedative or tranquilising drugs for the treatment of problem behaviours (MHC, 2010), where this use extends beyond a short-term measure of up to 3 months. Chemical restraint is only considered as a last resort and on prescription of a medical practitioner.

Note: Drug treatments for any underlying medical or psychiatric conditions that a person may have are not included in this category. Treatment for anticipatory anxiety prior to procedures such as phlebotomy, medical/dental examination and/or treatments are also not considered to be restrictive practices.

**Environmental Restraint**

The use of environmental design or barriers to intentionally restrict a child's movement in, use of or leaving of an area. Such measures include, but are not limited to: locked doors, close tables that prevent a mobile child from leaving a chair, removing powered mobility or alternative communication devices, handles/catches out of reach and strategies that involve the withdrawal or separation of the person from others.

In schools, because of the developing safety awareness of children and the necessity to maintain a safe environment for them, it is necessary to restrict the children's access to certain areas and their unsupervised exit from the building. In this school, the following restrictions apply as standard practice, in order to provide a safe and calm learning environment for pupils:

- locked/fobbed/coded doors: school entrance, staff rooms, staff offices, kitchen
- Certain classrooms and communal pupil areas
- Handles/catches out of reach on some presses and classroom doors

- Locked presses (e.g. for chemicals, cleaning products, sharp objects)
- Window restrictors
- Playground gates/grounds secured

Various terms can be used to describe environmental restraint strategies that involve separating or withdrawing a child from others e.g. time out, time away, withdrawal, use of quiet space, single separation, seclusion etc.

In the interest of clarity, 4 categories of separation strategy are defined here:

- **Access to a Separate Area**: When a child goes into a separate unlocked area by choice. This may be scheduled, as part of their routine, or in particular circumstances e.g. through use of a break card or communication book. Access to a separate unlocked area is not a restrictive strategy.

- **Withdrawal**: When a child is encouraged into a separate unlocked area or others are moved out of the area he/she is in. This is a restrictive strategy.

- **Single Separation**: When a child is alone in a separate locked area. Single separation is a highly restrictive strategy of last resort. It should only be considered when all other less or non-restrictive strategies have been ruled out. Any use of single separation must be recorded (reasons for, duration, persons involved in the decision). The child must be continuously monitored and supervised during any period of single separation and the strategy must be discontinued at the earliest possible safe time.

- **Seclusion**: Seclusion is unsupervised single separation in a locked area. This is a prohibited practice in this school and is in line with SMH Positive Behaviour Support Policy (2019).

Note: The Department of Education and Skills (as cited in NCSE, 2015) provides for "small safe spaces" in schools that teach children with special educational needs. These rooms are used by children who choose to access it as a "separate area" (non-restrictive) and/or for the small number of children whose individualised School Behaviour Support Plan includes the strategies of withdrawal or single separation.

## 6. NON-RESTRICTIVE PHYSICAL AND HEALTHCARE INTERVENTIONS

Some interventions used in SMH SNS to support children's physical or healthcare needs may appear similar in design or approach to restraints, but are not restrictive. Such interventions include:

- Supporting/holding limbs during personal care or therapy sessions/exercises and transitions

- Drug treatment prescribed by a medical practitioner for underlying medical/psychiatric conditions or for anticipatory anxiety relating to procedures

- Providing a child with physical prompts/guiding through an activity, including physical reassurance where appropriate e.g. in busy/dangerous environments.

- Protective helmets worn due to seizures/recurrent falls

- Wheelchairs/ buggies (for mobility reasons or reduced exercise tolerance/stamina)

- Shower/bath/toileting aids, standing/walking frames, sleeping/lying positioning systems
- Straps/harnesses/trays used for postural purposes
- Arm splints, body suits and harnesses that are prescribed for orthopaedic or tone management purposes

The above interventions are not considered to be mechanical or physical restraints or restrictive practices **provided** they are required for the purpose of improving or maintaining a child's health or comfort and not used with the intension of restricting the child's freedom of movement.

Two important exceptional circumstances are:

- if the child resists, refuses or appears distressed by the physical/healthcare intervention, or
- if the child presents with a mixture of behavioural and postural/medical needs, to the extent that the intervention could be perceived by the child or by others as restrictive in nature.

Note: If either of the above exceptional circumstances occurs, the intervention much be considered to have a restrictive element and approval for use must be sought from the Positive Approaches Monitoring Group (PAMG) in these instances.

## 7. PROHIBITED PRACTICES

The following practices are expressly prohibited for all school staff working with pupils in all situations:

- Any use of a restrictive practice, meeting any of the above definitions for a mechanical, physical, environmental or chemical restraint, which has not been given the appropriate level of approval (see table under Restrictive Practices below for the level of approval required for different levels and types of restrictive practice), except in emergency circumstances (as outlined in policy)
- Any abusive use of physical, mechanical, environmental or chemical restraint
- Any infliction of pain, discomfort, negative consequences, punishment or humiliation on a pupil or threats thereof
- Any use of seclusion (unsupervised single separation)

N.B. Should a staff member observe or suspect the conduct of a prohibited practice, this should be treated as a safeguarding concern and the Child Safeguarding Statement of the St. Michael's House SNS should be followed.

## 8. POSITIVE APPROACHES MONITORING GROUP (PAMG)

The Positive Approaches Monitoring Group (PAMG) is a St. Michael's House committee. It exists to promote the use of positive non-restrictive practices with the children and adults who use St. Michael's House services. The PAMG performs 4 key functions: approval (assessing and granting or refusing approval for the use of restrictive practices with the children and adults who use SMH services); monitoring the use of restrictive practices throughout SMH services; recording and reporting (maintaining a database of all approved restrictive practices); and advice and education (encouraging staff to explore alternatives, employ least restrictive strategies and fade out the use of existing restrictions).

The PAMG is chaired by the SMH Director of Quality Improvement and Safety Development. The group meets as 3 sub-groups, so as to consider and make timely decisions on the proposals that are referred to it. Membership of the sub-groups is by invitation of the Director of Quality Improvement and Safety Development and includes a mixture of clinical staff, managers, persons in charge, and school staff. The 3 sub-groups are:

- Mechanical & Environmental Restrictive Practices (Adult Services)
- Physical & Chemical Restrictive Practices (Adult Services)
- Children's Services for all restrictive practices

## 9. CALM TRAINING

The Board of Management of SMH SNS expects that all teachers, Special Needs Assistants and bus escorts (in exceptional circumstances) are trained in crisis management and physical intervention techniques. This training is provided by CALM (Crisis Aggression Limitation Management). All CALM-trained staff must complete a 2 day theory course on de-escalation strategies. In many schools this is followed by an initial 2 day course on physical intervention techniques and escape techniques, which is re-accredited every year. CALM training covers both non-restrictive and some restrictive strategies. The focus is on de-escalating situations before behaviours become difficult to manage and on reacting to behaviours in the least restrictive way possible. In-house practice sessions are organised periodically throughout the year. SMH has 4 trained tutors who are licenced to deliver this physical intervention training. Their training is refreshed every year.

## 10. WHOLE SCHOOL POSITIVE BEHAVIOUR SUPPORT APPROACHES

Whole school positive behaviour support approaches are non-restrictive and are appropriate in a context of a school setting. They are included in the Policies and Procedures of the School relating to: Code of Behaviour and Positive Behaviour Support and to the Use of Restrictive Practices.

**Policy & Procedures:**

- School policies and procedures (Code of Behaviour and Positive Behaviour Support & Use of Restrictive Practices) - parents are asked to read and sign these policies

**Training:**

- CALM training (theory and practice) for all school staff (practise of techniques at staff meetings throughout the year)
- CALM escape, release techniques
- Annual Re-accreditation of CALM Physical Intervention Training
- Training available to schools from Middletown, National Council for Special Education, clinicians, etc.

**Education Based:**

- Proactive strategies (non-restrictive) e.g. Sensory breaks, visual schedules, use of rewards, verbal supports, praise, reassurance, positive reminders, offering choices, short tasks only, calm stance and facial expression of staff, careful use of tone of voice and choice of words by staff, planned ignoring, change of staff, distraction/diversion, use of humour, negotiation, outlining limits/boundaries, selective attention, time given to process/cool down, close supervision, relaxation music, chewy tubes, hand or foot massage, deep pressure, messy play, movement breaks.
- Reinforcement Strategies e.g. token systems, First/ then cards, visual schedules
- Physical touch and hugs for the purpose of comforting a pupil when upset
- Physical touch for the purpose of sensory programmes, P.E., oral motor programmes
- High fives, pats on the arm, hand-over-hand support for encouragement/reward/prompting
- Wellbeing and low arousal strategies
- Access for pupil's to a separate area, or comfort areas, sensory and soft play rooms, areas to increase access to exercise
- Access to 1:1 teaching areas, individual workstations, timetables
- Removal of possessions from a pupil during the school day (if required to help the pupil with focus and attention)
- Access to increased pupil staff ratio's, specialist staff, preferred staff if and where possible
- Use of a break card by a pupil to indicate the need for a break from normal school activity to a less demanding task either inside or outside the classroom, as indicated on a choice board, or previously agreed
- De- escalation strategies, i.e. what staff do in response to the early warning signs to help intervene as early as possible. This will be individual to the child.

**Environmental:**

- External doors locked, window restrictors, playground gates/grounds secured, locked staff offices, fobbed/keypad-controlled access doors, locked staff room, locked presses (sharp objects/toxic substances) - to safeguard vulnerable pupils from leaving the school building unsupervised or to prevent access to unsafe areas or equipment. The particular areas secured in this school are listed under Environmental Restraints above.

## 11. RESTRICTIVE PRACTICES

These practices are restrictive in nature and therefore must be discussed with the Principal in the first instance. They require team discussion, parental consent and approval of the School Principal, and, in certain instances, the Board of Management and St. Michael's House Positive Approaches Monitoring Group (see table below for details of how the various levels of restrictive practices are decided, documented and approved):

Note: The Principal may approve an intervention provisionally and agreed with parents and in some instances with relevant multi-disciplinary staff, while waiting on approval from PAMG.

| **Whole-School Restrictive Practices** | | |
|---|---|---|
| **Approach** | **Documentation** | **Persons Responsible** |
| Any new or additional general environmental restrictions not already listed in the school policy (e.g. new locked areas) | School's policy to be amended | Any policy amendments are submitted to the Board of Management for approval |
| **Individualised Restrictive Practices** | | |
| **Approach** | **Documentation** | **Persons Responsible** |
| Withdrawal<br>(see definition above) | Detailed in the pupil's School Positive Behaviour Support Plan (PBSP), which:<br><br>- is in place for any pupil with specific behavioural support needs<br><br>- is individualised to the pupil<br><br>- is informed by risk assessment<br><br>- is written by school staff with clinical advice if available<br><br>-has signed consented of parent(s)/guardian(s) | Plan is developed by Teacher & Special Needs Assistants (SNAs), in conjunction with the Principal, with advice of clinicians as available/appropriate.<br><br>Plan has signed consent of Parent(s)/Guardian(s). |
| CALM Techniques Levels 1&2:<br>T1 Basic Posture<br>T2 Turning<br>T3 1-Person Guiding | Detailed in pupil's School PBSP (See above). | As above. |
| Modified Seatbelt (e.g. Angel Guard or seatbelt lock) | 'Modification to Seatbelt on Transport' form, signed by parent(s)/guardian(s). | As above. |

| Individualised Restrictive Practices Requiring PAMG Approval | | |
|---|---|---|
| **Approach** | **Documentation & Reporting** | **Persons Responsible** |
| CALM Techniques Levels 3&4:<br>T4 Comfort Hold<br>T5 Secure Comfort Hold<br>T6/1 Directing (Part 1&Part 2)<br>T6/2 Cross Hold<br>T9 Figure of 4<br>T11 Seated<br>T26 Armchair Descent<br>T29 Child Restraint | Detailed in the pupil's School PBSP (see above).<br><br>'CALM Post-Incident Report' form is completed after any/each use of strategy.<br><br>PAMG Request for Approval (with copy of School PBSP attached). | Plan is developed by team: teacher, relevant clinician(s), parent/guardian, in consultation with the School Principal.<br><br>Plan has signed consent of Parent(s)/Guardian(s).<br><br>Form is submitted to PAMG. |
| Transport harness/vest | Detailed in clinical report or guidelines, as appropriate.<br><br>'Modification to Seatbelt on Transport' Form is completed and signed by parent(s)/guardian(s).<br><br>PAMG Request for Approval Form. | As above. |
| Wheelchair or buggy use with an otherwise ambulant pupil (other than for physical/ healthcare reasons) | Detailed in pupil's School PBSP (see above).<br><br>PAMG Request for Approval Form (with copy of School PBSP attached). | As above. |
| Straps/trays/reins to keep a pupil from standing up or to otherwise control his/her movement | As above. | As above. |
| Gloves, splints, helmets, all-in-one clothing to manage a pupil's self-injurious or injurious behaviour or to maintain their dignity. | As above. | As above. |
| Medication prescribed for the management of behaviour. | Detailed in pupil's School PBSP (see above).<br><br>Medical/ Psychiatry Guidelines<br><br>PAMG Request for Approval Form (with copy of School PBSP & Medical/Psychiatry | Clinician submits PAMG Request for Approval Form. |

| | | |
|---|---|---|
| | Guidelines attached). | |
| Single Separation<br>(see definition above) | Detailed in pupil's School PBSP (see above).<br><br>Recorded on 'Use of Single Separation' record sheet (reason for use, times, duration, etc)<br>PAMG Request for Approval (with copy of School PBSP attached). | Plan is developed by team: teacher, relevant clinician(s), parent/guardian, in consultation with the School Principal.<br><br>Plan has signed consent of Parent(s)/Guardian(s).<br>Principal reports to next BOM meeting (no identifying details given). |
| **Emergency Use of Restrictive Practices** | | |
| **Approach** | **Documentation & Reporting** | **Persons Responsible** |
| Best practice guides that restrictive practices should only be used as part of a planned approach, with appropriate documentation, recording and governance (approval).<br><br>On occasion, however, emergency situations arise which require an immediate decision to be made by those caring for or supporting the pupil to use a restrictive practice in order to safeguard the safety and wellbeing of the pupil or others. | Record the use of the strategy in contemporaneous notes to include notes on:<br><br>*what led to the decision to use the practice<br><br>*what non-restrictive strategies were first tried/considered and why these did not suffice in the situation<br><br>*when and for how long the strategy was used<br><br>*how the pupil reacted to its use<br><br>*any adverse effects noted<br><br>PAMG Request for Approval (with copy of above notes/record attached). | If restrictive strategies are used in an emergency situation, with a pupil for whom they are not detailed in a written PBSP:<br><br>*the parent/guardian must be notified (on the day).<br><br>*Reported by Principal at next BOM meeting.<br><br>*Seek interim approval from PAMG. |

## 12. POSITIVE BEHAVIOUR SUPPORT PLANS

These are devised for pupils who present with behaviours of concern. These are written by the teacher and class team with input from the multi-disciplinary team. This plan should ideally contain the following:

- a brief history of the pupil
- a brief outline of likes/dislikes
- an outline of what strategies work well for the pupil including how best to communicate with them
- an exact description of the behaviours of concern
- an outline of known triggers and frustrations
- a functional assessment of the behaviour using information from several sources such as parents, staff, carers.
- de-escalation strategies to employ when behaviours start to occur
- reactive strategies (following unsuccessful proactive strategies) including any recommended physical interventions which may be employed
- parents/guardians signature

This policy recognises that each staff members' understanding of behaviours and all prevention techniques are essential to ensure behaviours do not escalate.

## 13. CONSIDERATIONS WHEN USING CALM PHYSICAL RESTRAINTS:

**Deciding whether or not to use a CALM Physical Restraint**

The school endeavours to encourage staff to do a dynamic risk assessment i.e. STOP AND THINK before employing a CALM physical intervention as follows:

| ACTION | CONSIDER | CHOOSE |
|---|---|---|
| STOP & THINK<br><br>Adopt a calm, non-threatening stance and posture<br><br>Use a slow controlled voice<br><br>Give clear visual or verbal directions<br><br>Pause and allow time for compliance | The likely outcomes if restraint is used against the likely outcomes if it is not<br><br>The short term risks versus long term risks<br><br>Balancing the best interests, health and safety of the pupil with the best interests, health and safety of the other pupils, staff and general public | Persons who are more likely to achieve a positive response<br><br>Best place and time available<br><br>The minimum use of force necessary to achieve the desired result, while at all times striving to respect the dignity of the pupil. |

**Last resort/ Early intervention**

All restrictive practices, including CALM Physical Restraint should be used as a last resort. This does not mean that all other possible strategies must be tried and tested beforehand; it means that staff must make a considered judgement balancing the risks involved, thus allowing informed decisions to be made. Some pupils may have stereotypical patterns of behaviour which alert staff to a developing crisis. Early action may prevent a risk of injury, thus justifying the use of the physical intervention and this should be included in the pupil's Risk Assessment. All staff may be made aware of this and of the procedures to follow to avert a crisis.

**Using a CALM Physical Restraint**

If a CALM Physical restraint is used staff must ask themselves the following questions:

- Am I trained? If not is there a trained member of staff nearby who can help?
- Am I using the minimum force for the shortest time?
- Is the intervention I'm using correct?
- Can I reduce the amount of pressure?
- How best can I communicate with the pupil and with other staff?
- Can I manage this? Should I ask someone else to take over?
- Did I test for compliance at regular intervals?

## 14. POST INCIDENT SUPPORT

Following an incident the priority is to look after the pupils and staff involved before reports are filled out and reviews held.

**Debriefing/ Recovery**

Pupils are assisted to recover from an incident by staff. Useful strategies to assist a pupil to recover should be identified in the pupil's Risk Assessment. Staff may need to take a break from the site of the incident to recover. This time is afforded to them, particularly when dealing with a very stressful situation, by calling on support from an adjacent class. Ideally time should also be set aside at a later stage to carry out an Incident Review.

**Incident Reports**

Incident reports should be filled out by the staff after an incident. The following is a guide to what form to fill out and the criteria for recording. School management can also be contacted for guidance.

| FORM | CRITERIA |
|---|---|
| Incident Recording Form | Filled out and kept in class file for recording low level behaviours that do not result in any injury to staff or damage to property but are worthy of recording. |

| | |
|---|---|
| Use of Single Separation Form | When Single Separation is used following all the guidelines outlined above. |
| Use of CALM Form | When a CALM technique is used following all the guidelines outlined above. |
| ABC Forms | Filled out as an assessment tool for behaviours to identify patterns and functions of behaviour. Can have varying formats. These forms to be used for analysis purposes only. |
| Challenging Behaviour Form | This is filled out when someone has received an injury as a direct result of challenging behaviour, when there has been a near miss of a significant incident that has the potential to be a risk to safety and/or significant damage to property. This form is filled out by staff, inputted into e-form by the school secretary, approved by the Principal and sent on to the Chairperson of the BOM who then refers it to the HSA if the injured person is out of work for 3 or more consecutive days as a result of the injury. SMH H&S Officer and a psychologist linked to the school also receive the e-forms. |

The best time to fill out an incident report is when the situation has settled and the pupil and staff have had time to recover. The report is signed by the Principal or Deputy Principal who will review the interventions used by staff, decide if any further action is required, to provide any further care or reassurance to pupils or staff, and to inform any future recommendations.

**Risk Assessment Review**

Following incidents where physical intervention has been used, the teacher and SNAs involved in the incident will meet with the Principal to review any existing Risk Assessments. Input from the psychologist will be sought where required. Any changes to risk assessments will be discussed with parents and, where a higher level of intervention is being sought, this must be approved by SMH PAMG.

## 15. COMPLAINTS AND ALLEGATIONS

The school seeks to engage positively with parents regarding all aspects of their pupil's education, care and management. Parents of pupils who engage in high risk behaviours that challenge are prioritised for meetings/phone calls with the Principal or Deputy Principal. The school will endeavour to keep parents informed in a manner that is reasonable and in the best interests of their pupil. This will take the form of meetings, phone calls, home communication books or letters.

**How to make a Complaint**

Parents wishing to make complaint should in the first instance contact the Principal who will furnish the parent with a copy of the Complaints Procedure.

Staff wishing to make a complaint should in the first instance contact the Principal who will furnish the staff member with a copy of the Complaints Procedure.

Should the complaint concern the Principal, contact the Chairperson, Board of Management who will provide a copy of the Complaints Procedure.

## 16. REVIEW AND MONITORING

A report will be made to each BOM meeting detailing the number of restrictive practices used since the last meeting.

The Principal conducts an annual audit of interventions used and sends it to CALM Headquarters, Scotland. Feedback from this yearly audit will be presented to the BOM and will be available to all staff and the clinical co-ordinator of the team attached to the school to view.

## 17. ROLES AND RESPONSIBILITIES

All stakeholders in the education of the pupils will take responsibility for implementing this policy.

## 18. IMPLEMENTATION AND COMMUNICATION OF THIS POLICY

The Board of Management ratified this policy on 6th February 2020. At the outset of the introduction of this policy, all parents/guardians will be informed about the policy. It is available to all parents on request and on the school website. Use of restrictive practices with specific pupils are detailed in their individualised School Positive Behaviour Support Plan and discussed with parent(s)/guardian(s) in advance. The consent of the parent(s)/guardian(s) is sought for PBSPs.

Signed: _____

John Lawless, Chairperson, Board of Management

Date: 6/2/2020