Labrador State School’s Positive Handling Policy provides a consistent agreed approach to the flexible and effective support for children who exhibit challenging or crisis behaviour within our school setting.

The aim of positive handling is to provide security, safety and acceptance, allowing for recovery and repair prior to, during and after times of crisis behaviour.
Positive Handling is an approach involving prevention, diversion, defusion and de-escalation of challenging behaviours and in a minority of incidences physical restraint, guiding, escorting or removal.

Our Positive Handling Policy is guided by

- **Team Teach** – A proven and widely used framework for positive handling, in which a number of our staff members have been trained. (See details on Team Teach)
- **Education (General Provisions) Act 2006**
- **Education (General Provisions) Regulation 2006**
- **Criminal Code Act 1899**
- **Anti-Discrimination Act 1991**
- **Commission for Children and Young People and Child Guardian Act 2000**
- **Judicial Review Act 1991**
- **Workplace Health and Safety Act 1995**
- **Workplace Health and Safety Regulation 1997**
- **Disability Discrimination Act 1992**
- **National Safe Schools Framework 2003**
- **DETE policy and procedures – Safe, Supportive and Disciplined School Environment**
Labrador’s Positive Handling Policy is based on the following principles.

- All staff and students have a right to be safe.
- Staff and students have a right to work and learn without impediment.
- That removal of students may be considered necessary where they are severely impeding staff and students’ right to work and learn.
- That all means are employed to reduce risk of harm as a result of crisis behaviour.
- That physical restraint or removal of students is usually considered an “end Strategy” after other non-physical means have been attempted.
- That physical restraint or removal of students may at times be a “first strategy” where the safety of students or staff is at risk.
- That any physical restraint or removal is used for the least possible time with the least possible force.
- That the safety and dignity of the student being physically restrained or removed is a paramount consideration.
- That staff trained in Team Teach procedures are those primarily involved in any physical restraint or removal, except when the time taken to summon a Team Teach trained staff member may jeopardise the safety of staff or students.
- That all incidences of physical restraint or removal are recorded on the appropriate form (see appendix)
- That all incidences of physical restraint or removal are followed by supervised recovery times and debriefing.
- That individual positive handling plans are devised for students who have exhibited challenging or crisis behaviours. With the aim of reducing risk of repetition and providing optimal personalised reaction should incidences re-occur.
- That staff awareness of Individual positive Behaviour plans is critical in providing an understanding of behaviour patterns.
- That the special needs of some students are a paramount consideration in any decision to physically restrain or remove.
- That Individual positive Handling Plans are devised in consultation with all stakeholders and with stakeholders signed agreement.
- That any physical restraint should be reasonable, proportionate and absolutely necessary.
- When staff are involved in stressful crisis behaviour situations they should CHECK IN before CHECKING OUT to debrief with an understanding listener.
Low Risk – Physical & Behaviour Indicators

- Individual show signs of anxiety
- Hiding face in hands or bent over / under table
- Pulling up collar or pulling down hat
- Rocking or tapping
- Withdrawing from group
- Refusing to speak or dismissive
- Refusing to co-operate
- Adopting defensive postures
- Body position & tension - arms crossed
- Clenched jaws or fists
- Jaw jutting & chest thrown out
- Breathing - rapid, shallow, audible
- Eye contact increased or decrease

Low Risk – Positive Handling Responses

- Read the body language
- Read the behaviour
- Intervene early
- Communicate – “Talk and I’ll listen”
- Use appropriate humour
- Display CALM stance & body language
- Talk low and slow and quietly
- Offer reassurance – including positive physical prompts
- Assess the situation
- Divert and distract by introducing another activity or topic
Medium Risk – Physical & Behaviour Indicators

- Individual begins to display higher tension
- Belligerent and abusive
- Making personal and offensive remarks
- Talking louder – higher - quicker
- Adopting aggressive postures
- Changes in eye contact
- Pacing around
- Breaking minor rules
- Low level destruction
- Picking up objects which could be used as weapons
- Challenges – “I will not...you can’t make me”

Medium Risk – Positive Handling Responses

- Continue to use Level One de-escalation responses +
- State desired behaviours clearly
- Set clear enforceable limits
- Offer alternatives and options
- Offer clear choices
- Give a get out with dignity
- Assess the situation and consider making the environment safer and getting help
- Guide the elbows towards safety
High Risk – Physical & Behaviour Indicators

- Shouting and screaming
- Crying
- Damaging property
- Moving towards danger
  - Fiddling with electrics
  - Climbing trees, roofs or out of windows
  - Tapping or threatening to break glass
  - Moving towards weapons
- Picking up objects which can be used as weapons
- Hurting self
- Grabbing or threatening others
- Hurting others (kicking – slapping – punching)

High Risk – Positive Handling Responses

- Continue to use all the Level 1 and 2 De-escalation responses +
- Make the environment safer
  - Moving furniture and removing weapon objects
- Guide assertively – hold or restrain if absolutely necessary
- Ensure face, voice and posture are supportive not aggressive
- Use “Help Protocol” to save face by changing face
Helping a Service User

Behaviour is a language. Our function is to provide help for service users and for each other. This help script is aimed at lowering/defusing anger or anxiety in our service users.

1. “John.” Use the child’s name, it will help make a connection and engage their attention.

2. “John, I can see you are upset.” Choose your words carefully. Recognition of their feelings is fine, but avoid words such as; anger or annoyed, as this may escalate the situation.

3. “I am here to help.” This is a statement of your intention, simply, you are there to help. It’s worth remembering that a conscious effort must be made to ensure your para verbal and body language give the same message.

4. “Talk and I will listen.” This statement begins to provide the service user with some direction together with securing our function.

5. “John, Come with me, let’s go to the…” Continue to provide the service user with some direction. Removing them to an area of neutrality to discuss the issue and continue the calming process.

If the child or service user is pacing, staff should avoid walking back and forth, shadowing the young person. This can feel extremely intimidating. CALM stance and body language is essential, as is awareness of staff’s proximity to the service user’s personal/dangerous space. Remember to speak clearly & confidently and remain calm.

Helping a colleague

Seeking help should always be considered as a sign of professional strength. Moreover, as professionals we should allow others to offer and accept help, particularly at times when our own interventions may be unsuccessful.

The words “help” and “more” should act like flash cards for staff. It has to be established within the culture of the setting, that help & support framework is something we all do for each other, staff & young people.

1) “Mr Smith, I am available to help” The member of staff makes a clear statement announcing they are there to help.

2) “Thank you Ms. Jones, you can help by…” This member of staff then has the opportunity to give directions as to what type of help they require (i.e. help by watching, or help by looking after the rest of the class). But more importantly they at this point retain autonomy over the situation.

3) “Mr. Smith, I am available for more help.” The word ‘more’ should provide a pause point for the member of staff currently dealing with the service user (in this example, Mr. Smith). At times, as professionals we need to recognise that some interventions are unsuccessful, and/or may escalate situations. Therefore, the professional judgments and support of our colleagues should be accepted.

4) “What do you suggest Ms Jones?” The focus here should be on team help, autonomy is passed over allowing the member of staff to suggest an alternative strategy.

5) “How about if I sit with John………and I’ll catch up with you later.” This example provides us a subtle way of helping a colleague out of a situation with respect and dignity. It is important that we “catch up with” them later, to provide feedback and discuss outcomes.
## Positive Handling Policy

### Stages of Crisis

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
<th>Stage 4</th>
<th>Stage 5</th>
<th>Stage 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trigger</td>
<td>Escalation</td>
<td>Crisis</td>
<td>Recovery</td>
<td>Depression</td>
<td>Observation</td>
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<td>To circumvent repeat incident</td>
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</table>

- **High Risk**
  - Need for diversion, support and reassurance

- **Medium Risk**
  - Need for diversion, cool down, reassurance, clear limits, boundaries and choices
  - Possible need for physical restraint or removal

- **Low Risk**
  - Need for coordinated letting go, support, reassurance but be wary of touch
  - Need for structured therapeutic debrief and forward planning process.

- Time
### Positive Handling Policy

#### Positive Handling Flow Chart

<table>
<thead>
<tr>
<th>Student Behaviour</th>
<th>Positive Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical signs of anxiety, stress, anger not affecting others in the class.</td>
<td>▪ Diversion of students</td>
</tr>
<tr>
<td>Escalation of student behaviour others are being detrimentally affected</td>
<td>▪ De-escalation strategies.</td>
</tr>
<tr>
<td>▪ Voluntary Cool down area</td>
<td></td>
</tr>
<tr>
<td>Student behaviour is severely impeding others ability to work and learn</td>
<td>▪ Relocation of Student</td>
</tr>
<tr>
<td>Or is risking the safety of others</td>
<td>▪ Physical restraint may be necessary</td>
</tr>
<tr>
<td>▪ Relocation to safe restraint area may be necessary</td>
<td></td>
</tr>
<tr>
<td>Student is calming after behaviour has passed crisis</td>
<td>▪ Continued monitoring</td>
</tr>
<tr>
<td>▪ Reassurance</td>
<td></td>
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<tr>
<td>▪ Continued and decreasing physical support may be necessary</td>
<td></td>
</tr>
<tr>
<td>Student has recovered and is communicable</td>
<td>▪ Active listening and de briefing once the student is ready</td>
</tr>
<tr>
<td>Student has returned to class</td>
<td>▪ De briefing of staff</td>
</tr>
<tr>
<td>▪ Recording of incident</td>
<td></td>
</tr>
<tr>
<td>Days following challenging or crisis behaviour</td>
<td>▪ Development of Individual Positive Handling Plan.</td>
</tr>
</tbody>
</table>
Team Teach offers a holistic teambuilding approach to enable individuals and organisations to develop a full range of effective and flexible supports and interventions for children and adults who exhibit challenging behaviour.

It is not just about learning difficulties, although many organisations working with people who have severe learning difficulties have gravitated to the Team-Teach approach. It is not just about behaviour, although the majority of schools and services for children and young people with severe emotional and behavioral difficulties in the UK have moved towards the Team-Teach approach. It is about the way people relate to each other.

Team-Teach offers a philosophical and psychological framework to promote positive attitudes and relationships between professionals, staff and clients in schools, businesses, residential care settings and adult services.

The proven de-escalation, diffusion and positive handling techniques are never taught in isolation. Team-Teach refuses to train any organisation that fails to meet its requirements in terms of attitude, ethos and values as evidenced by policies and procedures.

Team-Teach emphasizes a spectrum of gradual and graded responses to reduce the probability of challenging behaviour escalating towards violence. The emphasis is always on preventative measures, diffusion and de-escalation, which should make up more than 95% of our responses. Where these approaches are insufficient there are risk-reducing physical interventions which form part of a holistic response. Research has shown that carers who are trained in physical techniques as part of a holistic approach are better at de-escalation than those trained in de-escalation skills alone (Phillips and Rudestam 1995).

Interventions range from the least intrusive to the most restrictive. The least intrusive intervention is often a verbal or visual prompt. Even in fight situations it is always recommended that the first response is a clear instruction to stop.

When physical intervention becomes necessary this should never be the end of the matter. The training covers de-escalation towards a structured and safe disengagement and also the repair, reflection and review process to follow.

For Team-Teach the process of repair, recovery and learning begins when people are under control and able to accept directions. This can only happen after they have been given time to fully recover from the incident. Recovery is a process that cannot be rushed. Once the client is ready the first step is to find a quiet, comfortable place where people can talk and listen. It is only by communicating that people learn from these situations and reduce the probability of similar incidents recurring in the future.

It is only by reviewing, questioning and changing our own habitual responses, that we can assist others to learn more effective ways of managing their own behaviour.
Positive Handling Policy

De-Escalation Strategies Toolbox

- Changing Activity to distract
- Changing setting to distract
- Verbal reassurance
- Knowing student’s interests – engaging in distracting conversation
- Know student’s triggers and avoid where possible.
- Voluntary time out
- Using open body posture and hand position when engaging.
- Use a non threatening side on stance.
- Retaining personal space when engaging.
- Changing to a new face to discuss a situation.
- Offering choices to resolve conflict.
- Remove the audience
- Do something unusual
- Remind about choices and consequences
- Find something to praise
- Remind of previous successes
- Express honest feelings in a calm constructive manner.
- Avoid “You” statements, blame or threat
- Use help scripts
  - “I am here to help”
  - “Talk and I will listen”
  - “Come and let’s sort this out”
  - “John, I can see there is something wrong”
I ESCAPE

I nsulate - find a quiet private place which is safe and comfortable - perhaps take a walk
E xplore - what happened from the student’s point of view - no judgment - no blame
S hare - what you saw and what you felt - explain why you took the actions you did - apologies are OK
C onnect - experiences to feelings and behaviour- discuss how feelings drive behaviour for all of us
A lternatives - work together to develop a list of alternative ways of dealing with difficult situations
P lan - try to develop limited choices so that the student can make the final decision. Review the support and intervention plan to record what has been decided
E nter - back into normal routines and activities - allow settling time

Thinking about my behaviour

What did I do?
What is my side of the story?
What can I do to fix things?
How did I feel?
What will I do if I feel like that again?
PHYSICAL INTERVENTION RECORD

Pupil’s Name: ………………………………….. Class Group & Age: ………………..
Report Compiler: ……………………………… Role: ………………………………….
Staff Involved in restraint: ……………………………………………………………………………….

REASON FOR THE RESTRAINT – (Please tick appropriate box(es)

1. To avert an immediate danger of personal injury to the pupil
2. To avert an immediate danger of injury to another pupil or adult
3. To avoid serious damage
4. To prevent conduct that is prejudicial to the good order of the group

Location of Initial Problem: ………………………………………………………………..
Staff Involved in the Initial Problem: ………………………………………

Location of Restraint:

Duration of Restraint:

Student Removed to:

De-escalation techniques used prior to restraint

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Restraint/ Removal Technique(s) Employed

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Details of Any Injury:

Staff/Pupils/Both Medical Treatment: Yes/NO
Give Details:

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Accident Form: Yes/No
NOTIFYING PROCEDURES:
Incident Reported By: Name: ..............................................................................
Incident Reported To:
Name: ............................................................... Position: .............. Time: ..... Date: .........
Parent/Carer Informed:
Name: ................................. Time: ..... Date: ...........
Follow Up Letter:
To Whom: ................................. Date: ..............
Signature of Report Compiler: ...................... Time: ..... Date: ........
Signature of Other Staff Involved:
.......................... Date: ..............
.......................... Date: ..............

POST INCIDENT DISCUSSION – PUPIL
Location: .................... Date: ...... Time: ........
Present: ........................................................................................................

Pupil Response/Comment
...................................................................................................................
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Behaviour Management Plan Implemented: Yes /No
Individual Positive Handling Plan Implemented Yes/ No
# INDIVIDUAL POSITIVE HANDLING PLAN

| NAME: .................................................................................................................. |
| CLASS..........................................

**Trigger Behaviours:** (describe common behaviours/situations which are known to have led to Positive Handling being required. When is such behaviour likely to occur?)

**Description of behaviour:** (Describe what the behaviour looks/sounds like?)

**Preferred De-escalation Strategies**
# Positive Handling Policy

## Preferred Positive Handling Strategies:

<table>
<thead>
<tr>
<th>Brief description of risk reduction strategies</th>
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<tr>
<td>De-briefing process following incident e.g. where is best place and what works well?</td>
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</tbody>
</table>

## Signatures:

- Class Teacher: ________________________________ Date: __________
- Principal: _________________________________ Date: __________
- Parents: ____________________________________ Date: __________

**Review Date:** ________________
PHYSICAL INTERVENTION RECORD

To be used when an Individual Positive Handling Plan is in place.

REASON FOR THE INTERVENTION Coding

1. To avert an immediate danger of personal injury to the pupil - PI
2. To avert an immediate danger of injury to another pupil or adult - OI
3. To avoid serious damage - D
4. To prevent conduct that is prejudicial to the good order of the group - C

TYPE OF INTERVENTION Coding

1. Physical return to school - RS
2. In Class Physical Restraint - R
3. Physical removal from class - RC
4. Physical Removal from class to safe room - RCS

Pupil’s name ____________________________________________
Class ___________________________
Class Teacher ___________________________

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