

COVID-19 January 2021

Behaviour & Positive Handling Policy 2020 Covid-19 Addendum

To assist with the maintaining of Good order and the safe running of our schools, this document is to be read in conjunction with the relevant policies for Safeguarding, Positive Handling and Behaviour.

The principles as set out in LSEAT Behaviour and Positive Handling Policies remain and should continue to be followed. This addendum should not be used as a stand-alone document and should be read in conjunction with the existing policies. It sets out the expectations of LSEAT in light of the Covid-19 pandemic and the need for children to behave differently when they are in school during Tier 4 Contingency Framework. It describes the new systems in place and how pupils will be supported to adhere to them.

This addendum follows the advice and guidelines provided by the Government and DFE.

The Health and Safety of both pupils and staff is our fundamental focus to ensure that everyone is safe whilst on site. As a consequence of this, certain rules will be necessary and non-negotiable at any point. As a school and parents, we need to work together to ensure all the pupils are aware that if these rules are broken a child will be asked to remain at home until we can be confident their return to school does not compromise the safety of others.

These rules include:

- All staff and pupils will have their temperature taken as they arrive to school. If they refuse or their temperature is deemed as high, they will be sent home immediately. If parents/carers are not happy for their child to be sent home or are unable to collect them if the school calls you, then do not send them into school during the phased return.
- Covid-19 tests will be offered to both staff and KS3/4 students, with staff being tested on a weekly basis, KS3/4 students will be offered 2 initial tests on return to school.
- Should a member of staff or student test positive they will be required to go home and undertake a PCR test to confirm results, they will then be required to follow government guidance.
- Any staff or students who have been in contact with a positive case will be required to follow national guidance.
- The arrival and departure process for pupils will be altered in order to adhere to social distancing.
- Social distancing will be expected to be followed at all times and if a pupil breaches this continuously then they will be sent home. They will remain at home until such time as we can be confident they are able to manage their conduct appropriately.
- There will be stringent rules regarding hand washing throughout the day.

- PPE maybe worn by staff but we will not be providing any for pupils at this point apart from hand sanitiser and soap to wash hands.
- If a pupil needs to be positively handled then they will be sent home. They will then follow virtual learning for a significant period of time.
- Pupils who are not in school will continue to follow virtual learning programmes provided by the school and welfare checks will continue as they have done previously during this pandemic at different times.
- On return to school, if pupils bring a packed lunch, and use a lunch box, it should be in a plastic box that is wipeable and that the student is able to open himself or herself. Please do not bring in material packed lunch boxes or bags. These are not allowed into school.
- Moving around the school as per specific instructions (for example, one-way systems, out of bounds areas, queuing)
- Expectations about sneezing, coughing, tissues and disposal ('catch it, bin it, kill it') and avoiding touching your mouth, nose and eyes with hands
- Tell an adult if you are experiencing symptoms of coronavirus
- Rules about sharing any equipment or other items including drinking bottles
- Amended expectations about breaks or play times, including where pupils may or may not play
- Use of toilets
- Clear rules about coughing or spitting at or towards any other person
- Clear rules for pupils at home about conduct in relation to remote education
- Rewards and sanction system where appropriate

All pupils will be supported in the following ways:

- Throughout the school there will be signs/posters/visual prompts to remind pupils and staff of the new safety measures in place that should be followed.
- All adults will explain routines sensitively and help pupils to feel safe and reassured by the rules in place.
- The routines and expectations will be explained and repeated by the pupils' teacher every day and throughout the day. This will reassure all pupils and particularly the most anxious.
- All adults will explain hygiene rules sensitively every day and provide reminders throughout the day.
- Whilst expectations are re-established, we will focus on routines, safety and well-being rather than academic challenge.
- An age appropriate strategy for pupils to share their concerns e.g. a worry box, will be available in every group so that pupils' concerns can be heard and responded to every day.
- School staff will pay particular regard to families and pupils who are classified as clinically vulnerable so that appropriate additional support is put in place to reduce anxiety as appropriate to the circumstance. This may include the offer of therapy intervention.
- All our usual systems for affirming our pupils' good behaviours will continue, with a particular focus on 'Staying Alert' and 'Being Kind' behaviours.
- For pupils who are not managing for any reason to follow our schools' expectations we will follow the process outlined above.

- If, despite all appropriate support and guidance, a pupil repeatedly breaks our current safety rules, the head of school may, as a last resort, consider alternative arrangements or exclude a pupil either for a fixed period or permanently.
- Pupils will have their individual support plan/proactive behaviour plan /risk assessment reviewed in light of the new circumstances.
- If there are concerns that appropriate support is not possible during this period, despite our best endeavours, a conversation with parents/carers will take place (and relevant external professionals) to discuss next steps and what additional adaptations may be possible to ensure the pupil can manage his/her behaviour safely.
At this point there has been little credible guidance or research on the use of physical interventions and infection control, or guidance specifically related to Covid-19.

GOVERNMENT ADVICE

DfE Guidance: Conducting a SEND risk assessment during the coronavirus outbreak

“It is recognised that some children and young people with special educational needs present behaviours that are challenging to manage in the current context, such as spitting uncontrollably.

It will be impossible to provide the care that some children and young people need without close hands-on contact.

In these circumstances, staff need to increase their level of self-protection, such as minimising close contact and having more frequent hand-washing and other hygiene measures, and regular cleaning of surfaces. We recommend that educational settings follow the Public Health England guidance on cleaning in non-healthcare settings.”

“The scientific evidence shows that most staff will have no need for Personal Protective Equipment (PPE) beyond what they would normally need for their work. Educational settings should be following the principles of good hygiene and infection control. Social distancing measures should also be in place wherever feasible.”

Physical Intervention and Positive Handling

There may be times when a pupil’s behaviour requires staff to use physical intervention to ensure the pupils’ own safety, the safety of other pupils and staff, or that property is not seriously damaged.

Under Section 93 of the Education and Inspections Act, reasonable force can be used to:

- Prevent the committing of any offence
- Prevent personal injury to, or damage to the property of any person – including the pupil themselves or
- Maintain good order and discipline

Given the nature of the pupils attending our schools, the need to physically intervene cannot be eliminated, therefore it is vitally important that every step is taken to minimise the need for staff

to physically intervene. As outlined earlier in this document and through the Behaviour policy and Positive Handling policy, staff will continue to create a calm respectful attitude within their schools and classrooms, looking to de-escalate and pre-empt 'flash points' and senior leaders will give careful consideration to factors such as staff ratios, relationships and group dynamics, staggered break times/ other activities etc whilst PPE will be available for all staff should they require the use of this.

To further reduce the likelihood of situations arising where the use of force may need to be used, Behaviour teams in conjunction with Senior Leaders in the school will carefully risk assess pupils who are known to have had consistent difficulties previously that have resulted in positive handling. Where it is assessed that reasonable adjustments cannot be made, or risks are considered too high, then Schools will, if required, withdraw the offer of a place for a 'short period of time', such time as they cannot be confident that the young person is able to manage their conduct appropriately.

Where risks are identified these should be reflected in pupils individual handling plans, which should be re-written and shared with all staff.

Before any physical intervention staff should consider (in accordance with Positive Handling Policy), the balance of risk(s) between intervening and not intervening and any decision on whether or not to use restraint will always require a consideration of the individual circumstances and is a matter of professional judgement.

- Any decisions made should be in accordance with Public Health and Government guidelines on Covid-19.
- Advice is fundamentally focused on restraint reduction. The emphasis continues to be on de-escalation, reducing triggers, and early interventions to manage risk.
- At the heart of all decisions is our desire to maintain the Care, Welfare, Safety and Security of everyone, staff as well as pupils.
- When deciding to use restrictive interventions, any such restriction must be a last resort, reasonable, and proportionate action.
- Staff need to ensure their decisions consider the risks of doing something contrasted with the risks of doing nothing.
- Given the current pandemic, staff will also need to consider the possible risk of infection if they physically intervene, contrasted with the possible risks of infection should they not intervene.
- At the heart of all decisions is our desire to maintain the Care, Welfare, Safety and Security of everyone, staff as well as pupils.
- Where a pupil's behaviour is escalating despite staffs attempts to de-escalate and defuse, the school may make the decision to send the pupil home in order to avoid physical intervention and the associated risks of infection to staff and pupils.

Points to Remember and Consider.

Schools should continue to explore non-restrictive alternatives that maximise safety and minimise harm at the point of risk behaviour.

Negative experiences and distressing life events, such as the current circumstances surrounding Covid-19, can and will affect the mental health of pupils and have significant impact on their, learning, behaviour and emotional state. This can then be displayed in a range of different ways and increase the likelihood of challenging and disruptive behaviour being displayed when in school.

The culture, ethos and environment of the school during this time will have a profound influence on both pupil and staff mental wellbeing and it is essential that school environments recognise the additional levels of anxiety that will be being experienced by pupils, staff, parents and carers during this time and ensure that every step is put in place to minimise anxiety and levels of risk, whilst ensuring the highest standards of behaviour that are expected on all sites across the Trust.

Behaviour is key

Whatever age group, key stage or school setting, get behaviour right and everything else is possible. Behaviour is the beginning of safety, equity, dignity, curriculum, opportunity and learning. Behaviour will matter more than ever particularly as:

- Pupils will have once again partially or entirely lost the routines, relationships, structure and consistency that school provided, with pupils from socially deprived backgrounds having less ability to cope well with uncertainty, anxiety and change due to the likelihood of more fragile, vulnerable or chaotic circumstances.
- Staff may also be anxious and uncertain having had to cope with a variety of new and anxious normalities- teaching their own children at home, setting remote work, working in schools in emergency circumstances, worrying about health, family, bills.
- Pupils will have to observe Social distancing maintaining the 2m guidelines as far as is possible within the confines of a school; this will require the generating of entirely new behavioural norms of conduct and require pupils and staff to fight against many of their natural or habitual reactions (like hugging, guiding pupils, touching their faces, shaking hands, etc.) and replace them with new ones that may feel awkward and unsupportive to relationship building.
- Many pupils - especially younger children - will have hygiene habits that could be described as less than ideal, that become dangerous in the current climate. Not washing hands, picking noses, fingers in mouths, sharing items (the possibility of cigarettes, for older pupils), or spitting, these are difficult things to unlearn.
- Staff will have to relearn their own behaviours and be expected to model, train and maintain these behaviours in others, this will undoubtedly mean a raising of expectations beyond what is normally expected and the previous norms of the school.

Each site will consider, and explicitly plan for the following factors/ areas:

- Good behaviour and have expectations that are clearly defined and understood
- The teaching of Good behaviour, and not an emphasis on the need for it to be *told*. (A proactive approach, rather than telling, waiting for pupils to mis-behave).
- Re-building of existing routines, habits and norms.

- Having meaningful and clearly defined boundaries and consequences.
- Behaviour, Positive Handling policies rewritten/amended to reflect the current circumstances.
- Additional training/ guidance for staff provided and ongoing.
- Regular review and monitoring of plans and implementation
- Expectations repeated and reinforced constantly and consistently across the school.
- Consideration for individual need- All rules have exceptions.
- Use of a targeted approach, with pastoral support, therapeutic strategies for individual need.

Health and Safety for pupils and staff is the Trusts priority so as to ensure that everyone is safe whilst on site. As a consequence of this, the following rules will be necessary and must be followed at all times and have been shared with all stakeholders of the schools.

Social Distancing

Each site will produce protocols for pupils and staff to follow in regards to maintaining Social Distancing as far as is possible on their sites and where this is not possible relevant steps will have been put in place to minimise risk i.e. the use of PPE where appropriate, careful risk assessment of staff for working on site etc.

When intervening staff will need to consider and use interventions that are most appropriate to the level of risk and those that will safely bring the need for intervention to end at its earliest and safest point.

For pupils accessing remote learning;

- Staff and pupils will continue to implement the expectations of safe internet usage stated within the E-safety policy.
- Use of inappropriate language within the 'Virtual Classroom' will result in a telephone call home to discuss.
- Use of threatening, aggressive language and behaviours within the 'Virtual Classroom' towards staff from either pupils or families will result in immediate access denied and a requirement from parents/carers to collect a paper copy of work set from the office weekly.
- Any use of racist, homophobic, discriminatory, or bullying language/behaviour within the 'Virtual classroom' will result in immediate access denied and a requirement for parents/carers to collect a paper copy of work set from the office weekly.

Assessing Risk

Prior to pupils returning to school, each site will need to carefully assess the risk(s) of pupils remaining on a home learning programme or being educated on the school site.

To assist with decisions in regards to these risks the following collaborative risk assessment has been attached (see below) from a document supplied by the Local Authority (Bromley) and should be formulated by in school staff teams for Safeguarding, behaviour, pastoral and teaching and learning along with any external agencies or professionals that are involved with the child i.e. Social Care.

Schools will, if required, withdraw the offer of a place for a 'short period of time' – such time as if they cannot be confident that a young person is able to manage their conduct appropriately. Examples of where this might be enforced include where children are unable to maintain Social Distancing protocols on site and are putting others at risk, where Physical Intervention and positive handling has taken place resulting in a hold.

Vulnerable Children and Young People (CYP)

Collaborative Risk Assessment - revised 6th January 2021

Government guidance

The Prime Minister announced a [new national lockdown](#) would come into force on Wednesday 6th January. During this period of national lockdown, Government's expectation is that schools, alternative provision, special schools, and colleges will remain open to [vulnerable children and young people](#) and the children of [critical workers](#) only. The guidance confirms that all other children and students will learn remotely until February half term.

The current landscape remains incredibly challenging for schools and other settings, with increased levels of anxiety amongst families and staff and reduced levels of staffing. In this context leaders have difficult decisions to make about how they can respond to the Government guidance according to the specific local circumstances and individual children and young people's needs. This guidance and collaborative risk assessment tool are designed to support schools and other settings in seeking to ensure that provision for children and young people is fully risk assessed and as safe as possible.

Schools and settings will have built up a wealth of intelligence from the previous lockdown arrangements with discussions with families, consultation with other professionals and individual risk assessments, which will support the setting and families to make appropriate decisions about attending the setting in person. The guidance is clear in terms of attendance expectations:

Children of critical workers: Where a critical worker parent or carer notifies a school that their child requires full-time on-site provision, the school should make this available.

Vulnerable children: Vulnerable children are expected to attend full-time on-site provision where it is appropriate for them to do so. This should remain a priority for educational providers and local authorities. If they do not attend and it is not a previously agreed leave of absence, schools should:

- work together with the local authority, social worker (where applicable) and other professionals where necessary (such as Speech and Language Therapists and mental health practitioners) to follow up with the parent or carer
- They will need to explore the reason for absence, discussing their concerns, using supporting guidance, and consider any adjustments that will enable attendance
- Focus on the child/young person's circumstances and their best interests

- Work together with the local authority and social worker (where applicable) and other relevant partners to encourage the child to attend educational provision, particularly where the social worker agrees that the child's attendance would be appropriate

Where schools grant a leave of absence to a vulnerable CYP they should still speak to parents and carers, and social workers (where applicable) to explore the reasons for this and any concerns raised. The discussions should focus on the welfare of the CYP and ensure they can access appropriate education and support while they are at home. Should a leave of absence be granted, the setting will need to inform all other professionals involved in that child's education and support i.e., Community Nursing Team, Therapy Services, Emotional Well-being and Mental Health Services.

The Department for Education expects schools and settings to grant such applications for leave given the exceptional circumstances. There may be instances where there is a difference of opinion between a setting and a family. Following discussions that have focused on the welfare of the CYP and their ability to access appropriate education and support whilst at home. If this is the case, this can be escalated to the local authority for consideration with health partners.

High quality remote learning packages will need to be inclusive of therapy programmes and interventions typically delivered by education staff. Education settings will need to liaise with community service providers and/or providers commissioned directly by their setting where relevant. Please ensure there is liaison with the relevant therapy service if concerns are highlighted around therapy equipment (e.g. standing frames) that may be needed at home before any equipment is sent home or collected.

If a CYP experiences an escalation in relation to mental health placing them at risk of admission to hospital, this should be discussed urgently with the mental health practitioner involved. Should there be concerns about the mental health of any CYP a referral can be made to the Bromley Well-being Service using the following link <https://bromley-y.org/refer-now.html>.

Where CYP are under the care of Bromley community services and/or Bromley mental health services, it may be necessary to consult with a health professional e.g. when needing additional information or advice about a child or young person's health needs and risks, please contact the relevant health professional involved directly. Where a decision is made for a child to remain at home please ensure that relevant services are informed so that the service can plan for any changes in how intervention may be provided. If you do not have this information, please liaise with services using contact details below:

Service	Phone number	Email address
Bromley Healthcare <ul style="list-style-type: none"> • Therapies (Physio, OT, Speech & Language Therapy) & Dietetics • Community Children’s Nursing Team • Community Paediatrics 	0300 330 5777	BROMH.cccpod5@nhs.net
CYP Mental Health Services <ul style="list-style-type: none"> • Bromley Y • Bromley CAMHS 	020 3770 8848 020 8315 4430	info@bromleyy.org tr.BromleyCAMHSAdmin@nhs.net
Bromley Community Learning Disability Team (adults)	020 3871 5680	oxl-tr.bromleyaldreferrals@nhs.net .
Adult Mental Health Services <ul style="list-style-type: none"> • Bromley West: Beckenham Beacon Hospital • Bromley East: Carlton Parade, Orpington 	020 8659 2151 01689 892300	

The Bromley Collaborative Risk Assessment (Appendix 1) has been revised in line with the latest guidance and can be used by schools and settings to work collaboratively with families to support decision making. The template provided here is not prescriptive. Many schools and settings have their own approach to undertaking risk assessments and it is therefore provided as a guide to aid schools and settings if needed. Risks Assessments should be held by the school and where appropriate consultation with the local authority and health partners should take place as part of the collaborative process (Appendix 2). Parents should be involved in the completion of any Collaborative Risk Assessment.

Collaborative Risk Assessment

CYP Name:	
DOB:	
School/setting:	
Vulnerable category (<i>please select</i>):	Child Protection Plan (CPP) / Child in Need (CHiN) / Child Looked after (CLA) / EHC Plan / Other (please provide details)
Parental preference:	CYP to attend school/ CYP to stay at home (please delete where relevant)
Date:	

	Supporting factors relating to Parental preference	Risk factors relating to Parental preference	Mitigation of risks
Parental Comment			
Educational Setting Comment			
Other Professionals comment (If relevant)			

Decision reached through Collaborative Risk Assessment to determine the best option for the Child or Young Person

Decision:	
Is there agreement between the Education setting and the family?	
Date completed:	
Method of collaboration:	
Completed by (name and role):	

Where there is a difference of opinion between a setting and a family, this form can be escalated to the local authority for consideration via Covid19.educationqueries@bromley.gov.uk



Multi-agency contribution (to be completed by LA where required)

Date Form Received		Date of Panel	
Agency	Completed by	Contribution	
Social Care:			
Health:			
Education:			
Other:			



Final decision

Decision:	
Date completed:	

Covid-19 Collaborative Risk Assessment Multi-Agency input

Education setting undertakes risk assessment in line with government guidance, in collaboration with family, consulting with other professionals where relevant (e.g. social worker, CAMHS, Therapist, Nurse, Paediatrician, GP)



Where there is a difference of opinion between a setting and a family, based on discussions that have focused on the welfare of the CYP and the ability for the CYP to access appropriate education and support whilst at home, this can be escalated to the local authority for consideration via Covid19.educationqueries@bromley.gov.uk



Input from education, Social Care and health partners (including Clinical Commissioning Group) will be requested where appropriate and as required



Multi-agency discussion takes place to review risk assessment undertaken with multi-agency input to make a final decision



Decision is confirmed to education setting and family - advice will be provided on particular issues identified to mitigate risk and ensure the child is safe and needs are met



In the event that there remains a significant disagreement following the completion of the Collaborative Risk Assessment, including multi-agency input, concerns should be outlined via Covid19.educationqueries@bromley.gov.uk and these will be escalated through Senior Leaders for the decision to be reviewed

Risk Assessment Checklist for Restraining Someone During the Covid-19 Virus Situation

Deliberately spitting or coughing at someone or attempting to bite them is also be classed as 'Criminal Battery' (which basically covers anything that could be considered to be offensive or harmful contact) under the common assault category of the Criminal Justice Act 1988.

The Health & Safety at Work Act 1974 and the various supporting statutory Regulations are what all organisations need to comply with regards to the duty of care owed to staff and others.

The Health and Safety Executive outline the legal requirement in their statement below:

"If you are an employer or self-employed. It is a legal requirement for every employer and self-employed person to make an assessment of the health and safety risks arising out of their work. The purpose of the assessment is to identify what needs to be done to control health and safety risks." (HSE website).

With regard to the process of risk assessment, the process for accessing the activity of physical restraint¹ should be assessed for risk in line with the Management of Health & Safety at Work Regulations 1999 and the Manual Handling Operations Regulations 1992 (as amended), because the risk involves a 'manual handling activity'.

In addition, the following other regulations also need to be referred to:

- The COSHH (Control of Substances Hazardous To Health);
- The Public Health (Control of Diseases) Act 1984;
- The Public Health (Infectious Diseases) Regulations 1988.

The following assessment therefore has been constructed to identify any foreseeable hazards and provide guidance on some suitable and sufficient control measures (not exhaustive) as part of every employer's statutory duty and in line with all of the above regulations.

¹ Also referred to as physical intervention, control and restraint, pmva, mva and positive handling.

If you wish to use this assessment as a basis for your own risk assessment of the activity you are welcome to do so, but NFPS Ltd accept no responsibility or liability for that undertaking as the following risk assessment is only provided as a guide to what you should consider when assessing the risk of intervening to physically control and restrain someone who may be infected with the Covid-19 virus.

Every organisation and each environment will also have its own unique hazards and issues therefore, each organisation should undertake its own individual assessment of risk for the environments their staff will be operating in.

It must be accepted that the possible risk of contracting the Covid-19 virus can also be life threatening for certain people.

Therefore, as all public authorities (direct and quasi), have a legal obligation to promote and preserve a risk to life², where that risk is known to exist, we have erred on the risk being at the highest level of risk rating for the purpose of this example risk assessment checklist.

It is your responsibility to review this assessment and alter/amend it as necessary based on the risk within your own respective establishments.

Mark Dawes

Director, NFPS Ltd, 26th March 2020.

² Article 2(1) of The Human Rights Act 1998

METHODOLOGY AND EVALUATION OF THE RISK

The risk of any hazard reflects both:

1. The likelihood that the harm from that particular hazard will be realised, and
2. The severity of the injury that is likely to result from the harm.

The following table below provides a Likelihood score and rating by definition / description.

LIKELIHOOD	RATE	DESCRIPTION
3	High	Where it is certain that harm will occur
2	Medium	Frequent, often or likely to occur
1	Low	Slight chance of occurring.

The following table below provides a Severity score and rating by definition / description.

SEVERITY	RATE	DESCRIPTION
3	Major	Death or major injury
2	Medium	Injuries where people may be off work for more than 3 days.
1	Slight	Minor injury, minor damage to property or equipment.

Having determined the rates for likelihood and severity, each score will be multiplied together to arrive at the overall risk rating for the hazard. This risk rating can be used to establish the priority of the risk using the 'Risk Rating Chart':

RISK RATING CHART

		SEVERITY OF OUTCOME		
		Major (3)	Medium (2)	Minor (1)
LIKELIHOOD OF EVENT OCCURRING	High (3)	9	6	3
	Medium (2)	6	4	2
	Low (1)	3	2	1

From the 'Risk Rating Chart' we can now identify the type of priority action required to control, eliminate or reduce the corresponding level of risk using the table below:

OVERALL RISK SCORE	OVERALL RISK RATING	ACTION & TIMESCALE
6 - 9	High	Requires immediate action in terms of eliminating the risk at source. This should include: removing oneself from the hazardous area, containing, cordoning and isolating the hazard (use of secure rooms, locked doors, etc) effective control methods (with regards to restraint this would include the serious consideration of shields, mechanical restraints, sedative medication, personal protective equipment, and competent staff training in effective and efficient restraint techniques to enable them to control the person presenting the hazard quickly and effectively.
3 - 4	Medium	Requires the situation to be reviewed and more effective controls to be in place or further action to be taken to reduce the risk.
1 - 2	Low	Requires no further action.

HIERARCHY OF CONTROL

In terms of applying control measures there is a hierarchy of control that should be followed:

- 1. Elimination:** Can the risk be eliminated by avoiding the hazardous activity at source? This is the first and primary consideration. Consideration here with regards to Covid-19 has to be given to containment and isolation as a primary control method.

- 2. Reduce:** If the activity cannot be avoided then the overall risk must be reduced to its lowest possible level?
- 3. Isolate:** In reducing the risk we need to ask whether the hazard be isolated, by use of secure rooms, locked doors, etc.?
- 4. Control:** Are the appropriate control measures in place to enable staff to undertake the activity as safely as possible if the activity itself cannot be eliminated (i.e., the serious consideration of: shields, mechanical restraints, sedative medication, personal protective equipment, and competent staff training in effective and efficient restraint techniques to enable them to control the person presenting the hazard quickly and effectively).
- 5. Personal Protective Equipment / Provision of Use of Work Equipment:** Do the staff have the appropriate (fit for purpose) equipment to enable them to undertake the activity of restraint safely when restraining someone who may be infected with the Covid-19 virus? Examples may include: goggles, face masks³, gloves, protective clothing, etc (not an exhaustive list) in addition to the work equipment listed in item 4 above.
- 6. Discipline:** Where a safe system of work is in place and supported by safe working practices then any staff who intentionally choose to take unnecessary risks may need to be disciplined.

³ Tight-fitting respirators (such as disposable FFP3 masks and reusable half masks) rely on having a good seal with the wearer's face. A face fit test should be carried out to ensure the respiratory protective equipment (RPE) can protect the wearer. Source HSE website - <https://www.hse.gov.uk/news/face-mask-ppe-rpe-Covid-19-virus.htm> and NHS England and NHS Improvement (issued 22 March 2020) - <https://www.england.nhs.uk/Covid-19-virus/wp-content/uploads/sites/52/2020/03/Novel-Covid-19-virus-COVID-19-standard-operating-procedure-Community-Pharmacy-v2-published-22-March-2020.pdf>

Risk Assessment Checklist for Restraining Someone During The Covid-19 virus Situation

Hazard	Persons at Risk	Likelihood	Severity	Overall Risk Rating	Control Activity Options
Physically restraining someone who may be infected with the Covid-19 virus.	Staff and person being restrained	3 (High)	3 (High)	High	Can the risk of kicking, hitting, damage etc, be Eliminated altogether by waiting until the angry / aggressive person has calmed down?
					Can the person be asked to leave and allowed to leave the environment on their own?
					Can the person be contained and isolated until they calm down to a level where communication can be re-established?
					If a non-compliant individual has to be physically restrained staff should be issued with the appropriate and suitable and sufficient personal protective equipment such as: goggles, face masks ⁴ , gloves, protective clothing, etc (not an exhaustive list).
					If the risk cannot be eliminated at source than it has to be reduced to its lowest possible level.
					Control Activity Options
					Prolonged restraint can increase the risk to staff. It could result in staff being injured, protective clothing being damaged, face masks being ripped off, etc., exposing staff to the risk of

⁴ Tight-fitting respirators (such as disposable FFP3 masks and reusable half masks) rely on having a good seal with the wearer's face. A face fit test should be carried out to ensure the respiratory protective equipment (RPE) can protect the wearer. Source HSE website - <https://www.hse.gov.uk/news/face-mask-ppe-rpe-Covid-19-virus.htm> and NHS England and NHS Improvement (issued 22 March 2020) - <https://www.england.nhs.uk/Covid-19-virus/wp-content/uploads/sites/52/2020/03/Novel-Covid-19-virus-COVID-19-standard-operating-procedure-Community-Pharmacy-v2-published-22-March-2020.pdf>

				<p>contamination. Therefore, any physical intervention should be quick and effective and control gained as fast as possible. Consideration therefore must be given to the capability of staff to undertake the activity whilst wearing any additional protective clothing that may impede their ability to breathe when undertaking the physical activity of restraint. As such staff may probably require the ability to use more restrictive techniques to enable them to achieve control quickly and safely with the intention of ensuring that any intervention is for the minimal amount of time as is required.</p> <p>If the person being restrained unknowingly has Covid-19 virus they may have respiratory and breathing difficulties so (again) any restraint must avoid any long and protracted restraint and unnecessary struggling, as well as the use of restraint positions that may interfere with a person's diaphragmatic movement, lung function and any position that is likely to affect their ability to breathe: such as bent forward position, prone and supine restraint positions, so consideration (again) must be given to the use of more restrictive techniques including, if necessary (and in consideration of all of the points raised in the above 'Control Activity Options') with the ability for them to use their judgement and discretion in certain situations as a proportionate response option when considering the level of risk.</p>
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Hazard	Persons at Risk	Likelihood	Severity	Overall Risk Rating	Control Activity Options
Training	Staff	2 (Med)	2 (Med)	Medium	If additional training is required to enable staff to competently use more restrictive techniques and/or personal protective equipment this must be provided ⁵ .
Age, fitness and capability of staff	Staff and person being restrained	2 (Med)	2 (Med)	Medium	Ensuring that any staff expected to undertake this activity are fit and have the capability to be able to do the activity – refer to Regulation 13 of the Management of Health & Safety at Work Regulations 1999.

⁵ Section 2(2)(c) of the Health and Safety at Work Act 1974

Hazard	Persons at Risk	Likelihood	Severity	Overall Risk Rating	Control Activity Options
Person deliberately coughing at staff.	Staff	3 (High)	3 (High)	High	Can the risk be isolated and/or contained. Consider the use of seclusion room or safe space.
					Staff must wear protective clothing including: goggles, face-masks, visors, gloves that are appropriate to reduce the risk of infection.
					Due to the potential severity of harm all sites should review each child's handling plan and consider the risk of the child being on site and the likelihood for the need of physical intervention.
Person deliberately spitting at staff.	Staff	3 (High)	3 (High)	High	Due to the potential severity of harm all organisations must consider isolating and/or containing the person in a secure area. Consider the use of seclusion room or safe space.
					If restraint is absolutely necessary all staff must wear the appropriate protective clothing including, which may include: goggles, face-masks, visors, gloves that are appropriate to reduce the risk of infection.
					Due to the potential severity of harm all sites should review each child's handling plan and consider the risk of the child being on site and the likelihood for the need of physical intervention.
Staff contamination	Staff	3 (High)	3 (High)	High	Staff must have the facilities to wash/shower after any intervention and have access to soap and water and sanitising gel. Staff to have a change of clothes in school.
Contaminated clothing and equipment	Staff	3 (High)	3 (High)	High	All protective clothing should either be destroyed or cleaned dependent on the instructions provided by the manufacturer/supplier of the clothing.

Hazard	Persons at Risk	Likelihood	Severity	Overall Risk Rating	Control Activity Options
Restraint Equipment	Staff and person being restrained	3 (High)	3 (High)	High	All restraint equipment i.e. gloves, face masks, visors etc should either be destroyed or cleaned dependent on the instructions provided by the manufacturer/supplier of the equipment. It should also be checked for damage and stored back in a suitable storage.
Physical Health of Staff	Staff	3 (High)	3 (High)	High	All staff should be de-briefed post the restraint by a suitably qualified and competent person – as with normal school protocols. Medical assistance should be offered to staff who may be physically injured and all injuries recorded. Psychological support and/or counselling should be offered to staff who require it.
Physical Health of Person Restrained	Person Restrained	3 (High)	3 (High)	High	If required, anyone restrained or involved in a physical intervention should be seen by a properly qualified medical person. Any injuries should be recorded and treated in accordance with the school's normal procedures. Any psychological support should be sought if needed.

Print Name:

Signature:

Date: