Use of Physical Interventions/ Restraint/ Withdrawal
September 2024 V2

This document relates to Article 28 (***Every Child has the Right to an Education)*** of the UN Convention on the Rights of the Child.

This organisation is committed to safeguarding and promoting the welfare of children and young people.

Orbis Group includes Orbis Education and Care Ltd, Pembrokeshire Resource Centre Ltd, Priority Childcare Ltd and Gower Lodge (Swansea) Ltd. Our policies and procedures have been standardised across the Group and all references to Orbis within this document include the entities referred to above.

1. This policy should be read in conjunction with the following policies:

- Safeguarding Policy
- Complaints and concerns policy
- Exclusion policy
- Positive behaviour support policy
- Reducing Restrictive practices
- Mental Capacity
- Deprivation of Liberty (Adult and Children)

2. Use of Physical Intervention

2.1 Young people with Autism, Learning Disabilities, and social, emotional, and mental health difficulties may find the world both confusing and distressing. Their frustration and anxiety may at times manifest itself in the form of behaviours of concern that require a safehold to be implemented in order to keep them and others safe. Orbis Education and Care (Orbis) is committed to best practice with regard to supporting vulnerable children. Safeholds are viewed as only part of a continuum of strategies that are needed to manage behaviours of concern and only when all other methods of intervention have been unsuccessful.

2.2 This policy has been produced with reference to the following documents:

- Bild "Physical Interventions, a Policy Framework" (1996).
- Special Educational Needs Code of Practice for Wales (Welsh Government, 2004)
- Mental Capacity Act, 2005
- Equality Act, 2010
- Together for Mental Health (Welsh Government, 2012)
- Safe and Effective Intervention - Use of Reasonable Force and Searching for Weapons (Welsh Government Guidance, 2013)
- The Social Services and Well-being (Wales) Act 2014
- Part 4 Code of Practice (Meeting Needs), Social Services and Wellbeing (Wales) Act 2014 (Welsh Government, 2015)
- Working Together to Safeguard People Volume 1: Introduction and Overview (Welsh Government, 2016)
- Mental Health Act 1983: Code of Practice for Wales (Welsh Government, 2016)
- Mental Health Units (Use of Force) Act, 2018
- The Learning Disability – Improving Lives Programme (Welsh Government, 2018a)
- Working Together to Safeguard People Volume 5: Handling Individual Cases to Protect Children at Risk (Welsh Government, 2018)
- Positive and Proactive Care: reducing the need for restrictive interventions. DoH April 14
- DFES "Guidance on the Use of Restrictive Physical Interventions" (2003.
- Welsh Assembly "Framework for Restrictive Physical Intervention, Policy and Practice" (2021)
- Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges NICE guideline Published: 29 May 2015
- NICE quality standard (QS101) Learning Disability: challenging behaviour October 2016.

3. Definitions Challenging Behaviour

"Culturally abnormal behaviour of such intensity, frequency or duration that the physical safety of the individual or others is likely to be placed in serious jeopardy or behaviour which is likely to seriously limit or deny access to and use of ordinary community facilities" (Emerson 1995).

Baseline

A baseline is a behavior management term referring to the beginning measurement of a behaviour. A baseline of behaviour is measured before an intervention is begun. The baseline measurement, compared to later measurements after intervention, gives a starting point to measure how effective the intervention is.

Intervention

An intervention is a change in an approach that is designed to improve learning or behaviour. Interventions may include strategies, teaching techniques, modifications, adaptations, behaviour interventions and therapies such as speech and occupational therapies.

Primary Prevention

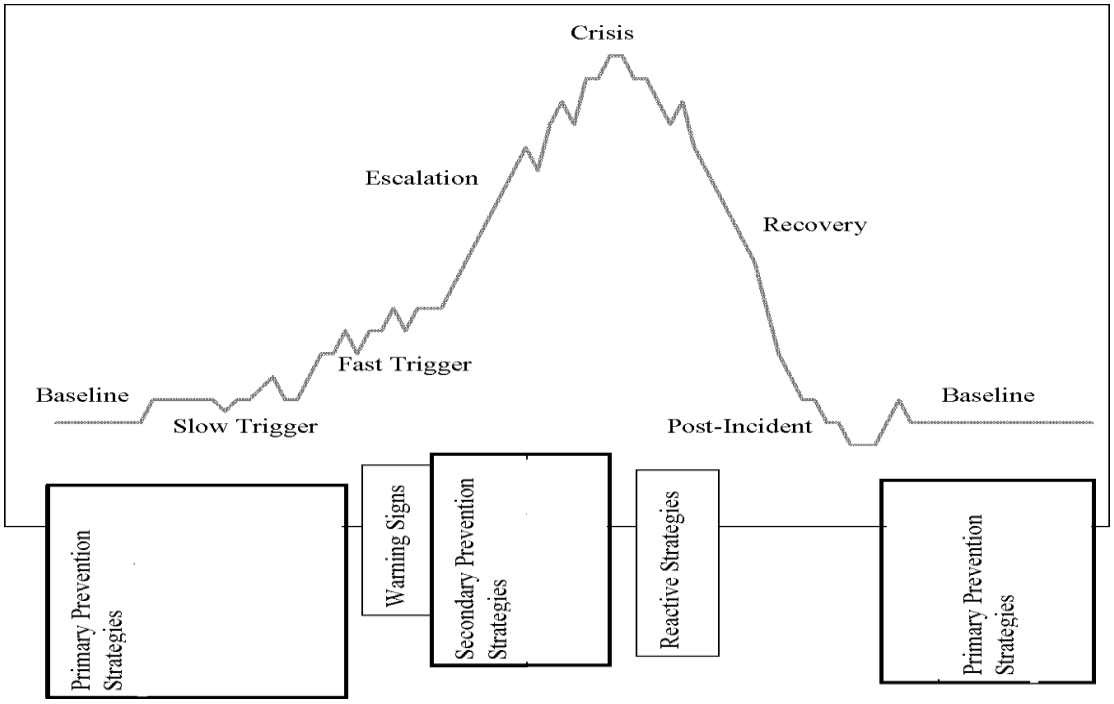
Primary prevention involves managing aspects of the individual's living, working and social environments, to reduce the likelihood of behaviours that challenge occurring. Primary preventions provide evidence-based guidance on how to provide the "best match" to the individual in all aspects of daily living, including communication, learning opportunities, skill development, meaningful activities, reflective of the individual's hobbies and interests, sensory needs, and relationships. This forms the largest part of the plan.

Secondary Prevention

Involves strategies that are to be used once an individual's behaviour begins to move away from baseline conditions. The aim of secondary prevention is to stop incidents escalating further, through early identification and positive interventions. Secondary prevention provides guidance on how to recognise and respond to early indicators that the individual may be moving away from baseline

Reactive Strategies

By definition Reactive Responses occur when a behavior has already happened. It is during these times that well-planned Reactive Strategies play a vital role. Reactive Strategies are designed to ensure that the responses to episodes of challenging behaviour are non-pain based, consistent, safe, least intrusive, short in duration and always a last resort. Orbis endeavors to focus on reducing the need or likelihood of behaviour occurring in the first place, thus rendering the need for reactive strategies less necessary**.**



4. PBS

4.1 Positive behaviour support represents the culmination of the assessment process. It is written as a guide for all those supporting the service user to ensure the consistent delivery of appropriate interventions**.**

5. Restrictive practices:

5.1 Restrictive practices are a wide range of activities that stop individuals from doing things that they want to do or encourages them to do things that they don't want to do. They can be very obvious or very subtle,

This term covers a wide range of activities that restrict people. It includes:

- Physical restraint- safe holds
- Chemical restraint- PRN medication to sedate
- Environmental restraint- limiting access to areas
- Mechanical restraint- Belts, helmets straps
- Seclusion or enforced isolation- withdrawing
- long term segregation
- Coercion

6. Physical Intervention

6.1 The nature of the people supported by Orbis will necessitate staff using a range of both prompts and physical guidance to assist them in completing a task or learning skill. This may include personal care, domestic skills, accessing the community, social activities, road safety and physical exercise. This physical interaction forms part of the professional relationship between staff and the people they are supporting as outlined in other Orbis Policies. This is distinct from a Physical Intervention which can be defined as:

"Direct physical contact between persons where reasonable force is positively applied against resistance, either to restrict movement or mobility, or to disengage from harmful behaviour displayed by an individual." (Welsh Assembly)

6.2 Harmful Behaviour

Harmful behaviour would include significant destruction of property, violence directed towards others, violence that arises from panic, distress or confusion, self-directed violence, or self-injury. At all times, the human and legal rights of the young person exhibiting the behaviour, and those at risk from the behaviour, must be of paramount importance. Staff that fail to physically intervene when the situation requires such action may be in breach of their duty of care.

6.3 Early Intervention

We have a duty to support children to learn how to manage their emotions/behaviours, this includes teaching them societal expectation, in particular children with SEMH difficulties need to understand that assaulting people or causing significant damage to others property would not be tolerated in the community and could result in criminal charges. This would also include putting themselves at serious risk of harm.

Therefore, we have a moral duty to enable them to develop the skills to manage conflict or their emotions in an acceptable way.

To begin this learning all staff should follow Primary strategies identified in the individual's plan:

a. When a young person is displaying early warning signs of agitation or anxiety staff must be proactive following Secondary strategies from the individuals plan immediately, these may involve:
   - Asking them what is wrong
   - Asking them to talk to you
   - Asking them 'what can I do to help'
   - Give them the option of going somewhere quiet, to the garden etc.

b. Should these not work, the other staff should quietly usher the other children in the room out of the room to another area.

c. If the young person begins to cause damage which impacts on others ability to learn, staff should use the interventions they are taught of guides/escorts to remove them from the room.

d. Damage which impacts others could for example range from, destroying other pupils work, to picking a chair up and attempting to break a computer or teaching tv/screen.

8. Values and the use of intervention

a. Orbis is committed to promoting Positive Behaviour Support (PBS) as its service model. Positive Behaviour Support (PBS) has evolved from debates in the 1980s about the use of punishment- based consequences with people with learning disabilities & behaviours that challenge. All young people will have a personal plan which will detail their needs, strengths, behaviours that challenge, primary prevention strategies, secondary prevention strategies, reactive strategies. These plans will be monitored and evaluated. All plans will be reviewed 3 monthly as a minimum or more regularly if required, through MDT and discussion with the young person and stakeholders.

b. At Orbis the use of physical intervention is always viewed as the last resort. Where this is unavoidable, and considered as the last resort, staff will always seek to use the minimum intervention necessary to prevent harm. Such interventions will be commensurate with our professional duty of care, reasonable and proportionate to the level of the risk presented. Staff actions will always be acceptable within recognised professional practice, civil law, and criminal law.

c. Orbis will strive to:
   i. Prevent the necessity for physical interventions through the deployment of pro-active strategies.
   ii. Work towards reducing the level of restrictive intervention required.
   iii. Ensure that prior planning and training takes place where physical interventions are identified as being unavoidable.

d. Physical Safe holds may be utilised:

- Where there is violence directed towards others.
- Where there is directed violence or self-injury.
- Where there is significant destruction of other people's property.
- Where the behaviour of the young person presents a risk to themselves or others
- Where the behaviour or actions puts the young person or others in immediate danger
- When it is the last resort

e. More restrictive interventions will only be utilized,
- Following a comprehensive functional analysis.
- Based on individual need.
- As part of a gradient response.
- As a last resort.

f. There are times when physical interventions need to be used which do not follow a child's plan such as a child is in immediate significant danger. For example, A younger child is entering deep or unsafe water, or is running into a busy road. In these circumstances staff need to do what is necessary to keep the child safe and this could include where it is a young child picking them up and carrying them to safety.

g. Where there is a disagreement or concern raised about the decision to utilise physical interventions, then this will be referred to the Board of Directors for consideration.

h. Restraint should only ever be used within the principles of least restrictive and last resort. That is the least restrictive method with the least amount of force (proportional to the risk) for the minimum amount of time. They should only be used if absolutely necessary (if there is a genuine belief that harm is likely to occur to the individual or others if it is not used, and if other less restrictive methods have been tried and have failed). Restraints that cause pain intentionally should never be used.

- Physical interventions will never be threatened or used as a sanction. Where a physical intervention is utilised, staff will ensure that an individual is monitored and cared for throughout the incident. Autonomy, commensurate with their age and understanding, will be returned to them as soon as it is safe to do so.
- Only staff who are trained in Physical Interventions will engage in a physical intervention, unless there is an immediate significant threat to a person's well-being i.e., the person being supported is going to run into the path of a moving vehicle.

i. Due to the risks involved every effort shall be made by staff to avoid placing the young person in a face-down position on the floor.

j. Incidents involving physical intervention will be subject to a post-incident support and review for both the person concerned (at an appropriate level) and staff involved.
- Post incident support: attention to physical and emotional wellbeing of the individuals involved.
- Post incident review: to learn from the incident and reflect on practice.

- Post incident support is available after any incident where restrictive practice has been used and after any incident that may have had an impact on the individual and others. It is also available to those who have witnessed the incident.

7.2 Any incident in which physical intervention is utilised is to be recorded and subject to post incident support and review.

8. Safety Pods

8.1 Orbis education and Care are committed to reducing the use of safeholds, reducing the risk of injuries to both staff and young people from safeholds and promoting proactive strategies to manage behaviours of concern.

8.2 Safety pods are used in a range of schools/homes/police forces/hospitals throughout the UK and across the world as a piece of equipment that could be used both as a proactive measure and also as a reactive alternative to using safeholds.

8.3 The safety pod was designed alongside the following guidance.

- Positive and Proactive care 2014
- MIND 2015
- CQC
- Department of Health 2017 – reducing the need for restraint and restrictive interventions
- STOMP 2016
- Reducing the need for restraint 2019

8.4 Safety Pods are specialist seats which look like a firm bean bag but cannot be replaced by bean bags. These are designed and used to reduce the need for full physical intervention, in particular the use of floor safe holds and are for use with individuals who have this included within their PBS plans only.

8.5 Safety Pods are primarily to be used as a proactive intervention when an individual is becoming upset or agitated, they should be encouraged to sit in it to help them self-regulate their emotions.

8.6 Staff should be trained in the use of Safety Pods, this should include the use of physically holding the individuals' arms and using a cushion for the legs if required. The individuals PBS plan must detail if the leg cushion is to be used when necessary.

8.7 For a safety Pod to be in use for an individual the Safety Pod Implementation Process should be followed (Appendix at the end of this policy)

8.8 A contra – indications risk assessment must be completed for each individual and this should where possible be approved and signed by a medical professional involved with that individual, where this is not possible it should be approved and signed by the MDT. (Appendix at the end of this policy).

8.9 A safety pod can only be used for an individual when there has been Multi-Disciplinary Team discussion and agreement for one to be used.

8.10 The organisation Safety Pod risk assessment must be available within any service where safety pods are used, and staff should be familiar with this. (Appendix at the end of this policy).

8.11 A weekly Safety Pod maintenance check should be completed and held on file. (Appendix at the end of this policy).

9. Withdrawal

Staff may choose to withdraw from a pupil when they are demonstrating behaviours of concern, and the personal PBS plan deems this to be the most effective strategy for responding to behaviours. Staff should ensure pupils are kept in line of sight were possible or observed once every ten minutes during this withdrawal time if there is an injury or underlying health condition and that the environment is safe and secure.

10. Seclusion

Orbis will make every effort to avoid the use of seclusion and considers seclusion to be when a child or adult is put in a room and not able to leave of their own free will – they are being forced to spend time alone against their will.

11. Confiscation of inappropriate items

The following criteria should be applied when confiscating items from a person. An item should only be confiscated if:

- It poses a threat to others, for example a weapon is being used to threaten or harm others, please also refer to the Incidents with Weapons Policy.
- It poses a risk to the person or others.
- Mobile phones are allowed on the journey to and from school and will be collected for safe keeping on arrival at school and stored in an agreed suitable place.
- At no time are mobile phones allowed to be used in lessons
- Mobile phones are the responsibility of young people. Orbis Education and Care accept no responsibility for the transfer and swapping of these items between young people.
- Confiscated items must be kept safely and returned at the end of the day; parents/carers should be contacted.
- See Search Policy for further information.

12. Sanctions

We aim not to use sanctions within Orbis, where we support young people with Autism or Learning Disabilities as they do not aid staff in changing behaviour. We believe that reinforcing positive behaviour is a far more useful intervention and one which has more relevance to the people we support. The schools which support young people with Social, Emotional and Mental Health (SEMH) difficulties can use consequences which are a version of sanctions when they are agreed with the relevant parent or social worker as they can be effective. Any sanctions used are recorded in the sanction log which is held by the Head of Education.

13. Training

a. All staff during their induction will receive non pain based, training in pro-active strategies and physical intervention techniques as approved by the Board of Directors. Refresher training will be delivered on an annual basis, and this is mandatory for staff to attend this. Staff will be instructed in the techniques that are agreed with the training provider, through an annual organisational training needs analysis.

14. Recording

All the young people we support will be made aware of the Complaints Procedure as a possible channel to express their views on the use of physical interventions. Following the use of a physical intervention, the incident must be recorded within 24 hours. The recording of physical interventions used will be stored electronically. These interventions will then be notified to parents or social workers of the person, as deemed appropriate dependent on legal status.

Each entry will include the following information:

- The name of the child / young person.
- Details of the behaviour prior to the incident.
- A description of the intervention used.
- Date, time, location, and duration of the intervention.
- Name of the staff member(s) utilising the intervention.
- Name of other people present.
- The effectiveness of the intervention.
- Consequences/injuries from using the intervention.
- Signature of authorised person (Head teacher/deputy Head teacher/Head of Care)

15. Equality Impact Statement

All relevant persons are required to comply with this policy and must demonstrate sensitivity and competence in relation to diversity in race, faith, age, gender, disability, and sexual orientation. If you, or any other groups, believe you are disadvantaged by this policy please contact the Regional Manager for the service. Orbis will then actively respond to the enquiry.

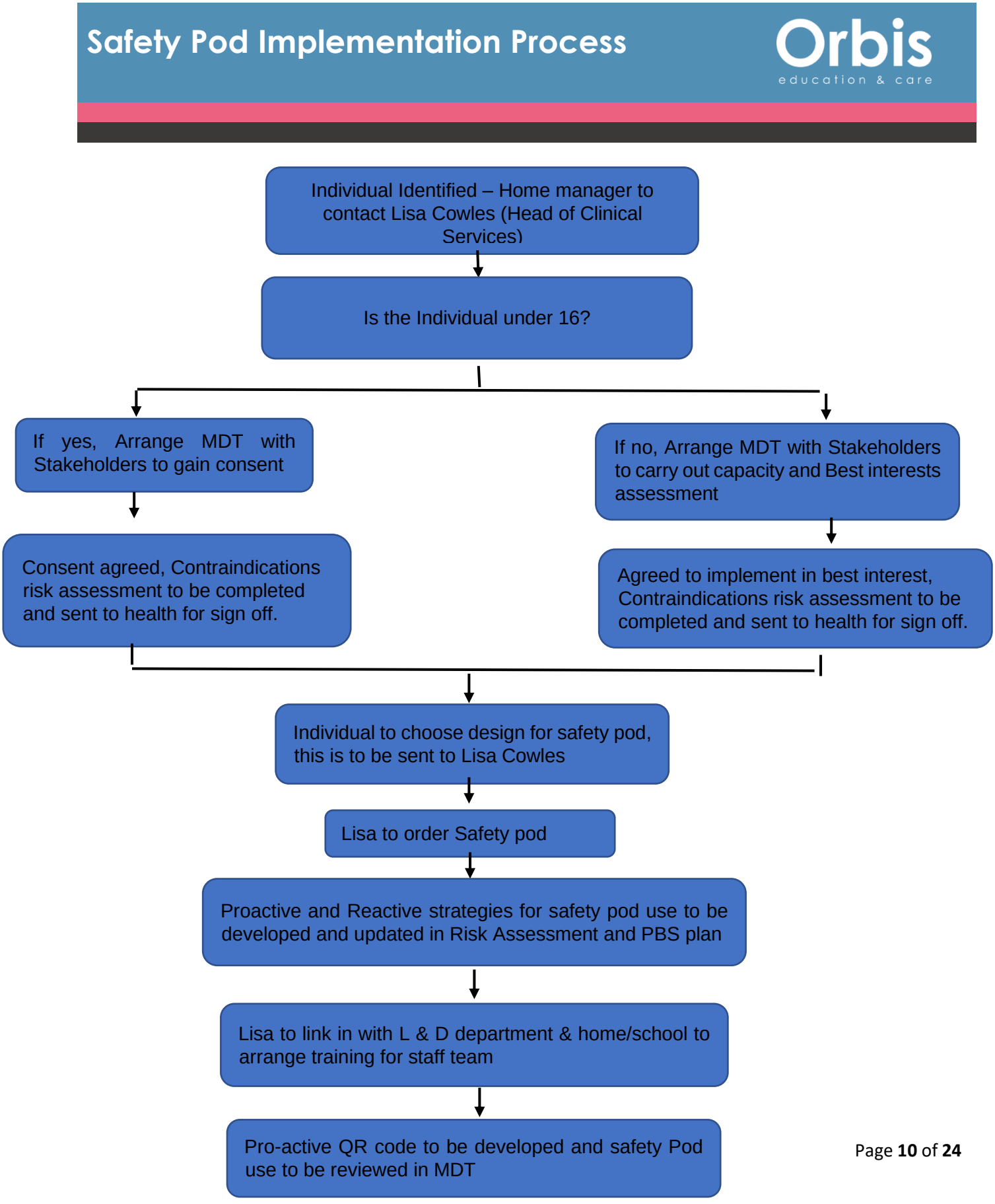
Policy Review Date: January 2025

Signature:  **(Director of Education)**

Company Confidential

Orbis is committed to safeguarding and promoting the welfare of all young persons in our care and expects all staff to share this commitment. This means that we have up to date Safeguarding & associated policies and procedures in place. All staff must ensure that they are aware of these policies and procedures.

The following appendices can be located as Word documents on Teams (Orbis Policies Teams Group) within the Guides folder.



Safety Pod Maintenance Checklist

Location of Safety pod:		**Description of Safety pod**	
Name of Assessor:		**Date of check:**	

Infection control:

	Yes	No
Body fluids present		
Dirt and debris		
Odours		

Maintenance:

	Yes	No
Rips or tears to main body		
Seams/stitching intact to main body		
vent is undamaged		
Has adequate filling in main body		
Rips or tears to head section		
Seams/stitching intact to head section		
Bottom has no obvious abrasions		

Other:

Repairs required:

Repairs required	Date reported	Reported to	Date completed

Signature of person completing checks……..

Signature of manager overseeing checks completed……

Safety Pod Risk Assessment

Safety Pods can be used as part of primary, secondary and reactive strategies.
As a primary intervention they can be used as a form of maintaining baseline behaviours as they provide large snug type zones and provide a soothing and secure space for individuals to regulate.
As a secondary intervention they can be used as a form of de-escalation strategy when warning signs are present within individuals. The design of the safety pods facilitates individuals to manage these feelings and avoid further agitation and escalation.
As a reactive strategy they can be used to carry out safe holds with or without the leg cushion, in order to manage an escalating situation whereby either the individual or others are at risk as a result.

Date: September 2024

Review Date: September 2025

Risk Matrix

Likelihood

1. **Very unlikely**
2. **Unlikely**
3. **Fairly Likely**
4. **Likely**
5. **Very Likely**

Consequence

1. **Insignificant**
2. **Minor**
3. **Moderate**
4. **Major**
5. **Catastrophic**

Consequence

5	10	15	20	25
4	8	12	16	20
3	6	9	12	15
2	4	6	8	10
1	2	3	4	5

Likelihood

17 - 25	Unacceptable – stop and make immediate improvements
10-16	Tolerable – look to improve within a specific time scale
5 - 9	Adequate – look to improve at next review
1 - 4	Acceptable – no further action but ensure that controls are maintained

Risk Identified	Hazards Identified	Person at Risk	Control Measures	Risk Rating	
				Pre-Control Measures	Post Control Measures
Injury • bruising • Broken bones • Trauma response • Death	• staff not using the pod correctly • Moving Backwards • Tripping over the pod • Lack of training for staff • Individual trying to pick them up and move them • Size, weight power of staff and impact of momentum	Individual	• Training of staff on the safe use of the safety pods • Annual refresher training • Opportunity to attend additional training sooner if required. • Management oversight of use of safety pod • Detailed recordings of use of safety pod pro-actively and reactively • Monthly monitoring of use of safety pods reactively by Quality Director • 3 monthly data analysis or proactive and reactive use by Clinical team • Weekly maintenance logs are to be completed. • PBS plans and individual risk assessments are completed and reviewed 3 monthly or as and when needs change. • First aid trained staff on site. • Pods are purchased from UK PODS, who are licensed to supply these. • PODs are only used as per the manufactured guidance. • PODS are only used for those who are prescribed this and agreed by all stakeholders. • PODS are not stored in narrow corridors or doorways. • Post incident support meetings are carried out following use of the safety pod as part of a safehold. • 6 monthly service check of the safety pod by UK PODS	25	10

Infection • COVID • Passing on of infections • Exposure to blood born viruses • Norovirus	• spitting • Vomiting • Urination • Being in close proximity to others • Airbourne infections • Blood transference • Body fluid transference	Individual	• Training of staff on the safe use of the safety pods and infection control • Annual refresher training • Opportunity to attend additional training sooner if required. • Management oversight of use of safety pod • Routine cleaning of pods as per manufacturers guidance • Leg cushion is classed as PPE. • Staff have access to PPE should they require it. • Should bite occur, staff follow the bite protocol. • First aid kits are available and fully stocked. • Staff are encouraged to keep up to date with vaccinations. • Staff are advised to seek medical advice if they have been exposed to blood/bodily fluids. • Staff are aware of risk assessments of blood born viruses. • Staff are aware and have access to policies.	20	16
Personal contraindications	• underlying health conditions • Undiagnosed underlying health • Hypermobility • Epilepsy • Diabetes • Complications from self-injurious behaviour • Medication • Sickle cell • Stroke/TIA • Temperature regulation • Sensory processing difficulties	Individual	• Staff are aware of individual contraindications risk assessments and health needs. • Staff are aware of typical presentation. • Staff are aware and familiar with PBS plans/risk assessment/health plan. • Staff have received the appropriate training regarding the health needs of the individuals they are supporting. • If staff have any concerns regarding the wellbeing and well fair of the individual whilst they are using the POD staff will break away and maintain line of sight/seek medical attention • Staff will monitor the persons wellbeing whilst they are using the pods. • Staff to maintain observations after use and report any concerns immediately/seek medical advice	25	16

Injury • bruising • Broken bones • Trauma response • Bites	• staff not using the pod correctly • Moving Backwards • Tripping over the pod • Lack of training for staff • Individual trying to pick them up and move them • Size, weight power of staff and impact of momentum • Dropping down onto their knees, impact on floor • Being in close proximity to face • Being in close proximity to legs	Staff	• Training of staff on the safe use of the safety pods • Annual refresher training • Opportunity to attend additional training sooner if required. • Management oversight of use of safety pod • Detailed recordings of use of safety pod pro-actively and reactively • Monthly monitoring of use of safety pods reactively by Quality Director • All injuries are investigated. • 3 monthly data analysis or proactive and reactive use by Clinical team • Weekly maintenance logs to be completed. • PBS plans and individual risk assessments are completed and reviewed 3 monthly or as and when needs change. • First aid trained staff on site. • Pods are purchased from UK PODS, who are licensed to supply these. • PODs are only used as per the manufactured guidance. • PODS are only used for those who are prescribed this and agreed by all stakeholders. • PODS are not stored in narrow corridors or doorways. • Post incident support meetings are carried out following use of the safety pod as part of a safehold. • Management offer post incident support	20	15

Personal contraindications	• underlying health conditions • Undiagnosed underlying health • Hypermobility • Epilepsy • Diabetes • Medication • Sickle cell • Stroke/TIA • Temperature regulation • Pre-existing injuries Physical exertion	Staff	• Staff are aware of their own individual contraindications and health needs. • Staff are responsible to inform PBM trainer and manager if they have any pre-existing health concerns or develop any new concerns which impacts their ability to use the safety pods. • Managers are informed if staff are unable to complete the PBM training due to physical presentation of concerns regarding their health. • Staff will monitor other staff's wellbeing whilst they are using the pods. • Staff to report any concerns immediately/seek medical advice. • Following any accidents/incident/near miss involving the safety pod a full review of safety pods will be carried out	20	16
Inappropriate use of pod • denial of rights • Restrictive practice • Allegations • Safeguarding concerns • Breakdown in trust • Abuse • Trauma	• Used as a threat • Used as a punishment • Overuse to manage behaviours of concern • To control • Used outside of legal framework • Used as a restrictive practice measure • Inappropriate touch •	Individual/ Organisation	• All staff are trained in 'see/suspect, stop it, report it' safeguarding. • Management oversight of the use of the safety pods • PBS plans and individual risk assessments are completed and reviewed 3 monthly or as and when needs change. • Staff to report any concerns immediately. • Following any accidents/incident/near miss involving the safety pod a full review of safety pods will be carried out. • Pods are purchased from UK PODS, who are licensed to supply these. • PODs are only used as per the manufactured guidance. • PODS are only used for those who are prescribed this and agreed by all stakeholders. • High staffing ratios minimise opportunities for misuse of safety pods. • Training of staff on the safe use of the safety pods	20	15

			• Annual refresher training • Opportunity to attend additional training sooner if required. • Management oversight of use of safety pod • Detailed recordings of use of safety pod pro-actively and reactively • Monthly monitoring of use of safety pods reactively by Quality Director • 3 monthly data analysis or proactive and reactive use by Clinical team • Staff are aware of any history of trauma, which may be impacted by safeholds on the safety pods. • Staff are aware of safeguarding policies, duty of candour and code of conduct		
• Closure • Imprisonment • Fine • Enforcement • Impact on service for the individuals that are supported	• Breach of regulatory requirements • Reputational damage • Litigation • Work related injuries • HSE involvement and potential enforcement • External investigations • Failure in duty of care • Stakeholder complaints •	Organisation	• All staff are trained in 'see/suspect, stop it, report it' safeguarding. • Management oversight of the use of the safety pods • PBS plans and individual risk assessments are completed and reviewed 3 monthly or as and when needs change. • Staff to report any concerns immediately. • Following any accidents/incident/near miss involving the safety pod a full review of safety pods will be carried out. • Pods are purchased from UK PODS, who are licensed to supply these. • PODs are only used as per the manufactured guidance. • PODS are only used for those who are prescribed this and agreed by all stakeholders. • High staffing ratios minimise opportunities for misuse of safety pods. • Training of staff on the safe use of the safety pods • Annual refresher training	25	16

			• Opportunity to attend additional training sooner if required. • Management oversight of use of safety pod • Detailed recordings of use of safety pod pro-actively and reactively • Monthly monitoring of use of safety pods reactively by Quality Director • 3 monthly data analysis or proactive and reactive use by Clinical team • Staff are aware of any history of trauma, which may be impacted by safeholds on the safety pods. • Staff are aware of safeguarding policies, duty of candour and code of conduct. • Regular stakeholder involvement • Regular communication with stakeholder on frequency of pod use • Continuous Organisational review of use of safety pods and the impact of use • Committed to reducing restrictive practices. • Organisational commitment to positive behaviour support • All residential services are registered with CIW, all schools are regulated with Estyn. • All accidents meeting the RIDDOR requirements are notified. • Quarterly meetings of the Quality Risk assessment committee		

This risk assessment was completed by signed: Date / /

This risk assessment was approved by signed: Date / /

Contraindication Risk Assessment

Individual risk assessment for safehold techniques

Individuals Name		**Date of Birth**		**Diagnosis**	
Height		**Weight**		**Allergies**	
Name of Assessor		**Signature of Assessor**		**Date**	

The following is provided as a guide to support the identification of possible contraindications for the individual when safeholds may be considered. This does not exclude a or replace the need for agreement for use of safeholds by the Multi-Disciplinary Team.

Baseline indicators

Prior History of	Yes	No	Action Needed
Cardiac Problems			
Stroke/Transient ischaemic attack (TIA)			
Respiratory Conditions			
Gastro-intestinal Conditions			
Fractures			
Dislocations			
Sickle Cell			
Obesity			
Cerebral Palsy			

Medications that may increase risk			
Medication	**Yes**	**No**	**Action Needed**
Neuroleptics			
Tricyclic Antidepressants			
Antihistamines			
Some antibiotics such as Erythromycin and ampicillin			
Some anti-arrhythmic agents such as amiodarone			
Diuretics			
Some anti-epileptic drugs such as carbamazepine			
Corticosteroids such as prednisolone			
Antipsychotic medication Such as Chlorpromazine			

Condition	**Risks**	**Yes**	**No**	**Action Needed**
Infection	Increased risk of metabolic abnormalities			
Diarrhoea and vomiting	Dehydration & electrolyte imbalance			
Anaemia	Hypoxia			
Clotting disorder	Sickle cell crisis			
Sight or hearing impairment	Increase stress factor			
Past history of pulmonary embolism or Deep vein thrombosis	Reoccurrence			

Neurological disorder

Condition	Potential Risks	Yes	No	Action Needed
Epilepsy	Seizure may be brought on by restraint			
Hypotonia	Impaired respiratory function			
Motor Neurone disease	Impaired respiratory function			
Muscular dystrophy	Impaired respiratory function			
Cerebral Palsy	Impaired respiratory function			
Previous Cerebral vascular accidents or transient ischemic attacks	Change in blood pressure can precipitate further events			

Syndromes that may increase risk

Syndrome	Potential Risks	Yes	No	Action Needed
Down Syndrome	Cervical spine instability Possible structural heart defect			
Turner Syndrome	Cervical spine abnormalities			
Stickler Syndrome	Joint pain/hypermobility			
Rett Syndrome	Scoliosis			
Juvenile Osteoporosis	Risk of fracture			
Tuberous Sclerosis	Tumours around the heart that can lead to arrythmias			
Prader Willi				

Other				
Prior History of	**Potential Risk**	**Yes**	**No**	**Action Needed**
Sensory processing issues				
Gender sensitivity				
Cultural sensitivity				
Past trauma				
Any other considerations				

The above information has been considered and the MDT, listed below, agree that measures put in place do/do not minimise risk sufficiently in order to allow safeholds to be used in line with specific instructions within risk assessments

Name	Role	Signature	Date