

Physical Intervention Policy and Procedure

Introduction

Physical Intervention refers to any type of intervention that involves direct physical contact with a client in order to prevent greater harm from occurring.

It is the policy of The HOLT that we will only use physical intervention as a last resort where a client is in danger of hurting themselves, or others. We will use a variety of de-escalation techniques to try to resolve any issues before they escalate to the point of requiring minimal physical intervention.

The HOLT does not use physical restraint under any circumstances.

Types of physical intervention

The HOLT will only use the following types of physical intervention.

* Light hand touch to guide
* Stepping between clients where there is a danger of violence
* Blocking access to anything that could present a danger to a client eg first storey fire escape
* Holding a client’s hand or elbow to prevent them stepping out in front of a moving vehicle, or falling from a seaside esplanade etc
* Isolating and monitoring a client who is in danger of harming others

The HOLT reserves the right to permanently exclude any client who consistently and deliberately behaves in such a way as to endanger themselves and other clients and staff.

Legal Stance

Any practice in which the civil, legal or human rights of a person may be infringed must be fully justifiable. As a result, making a decision about the use of any physical intervention naturally raises anxiety which could lead to a failure to act. Equally, however, opting to do nothing is as much a decision as responding. Staff owe a duty of care to those in their charge.

In some circumstances a failure to intervene in a situation could be viewed as negligence. As well as the general legal duty of care owed to people by staff both under health & safety and civil legislation, there are specific pieces of legislation which apply in the education and health & social care sectors which authorise the use of physical interventions in specific circumstances and requires that these are recorded. There are however common legal principles that apply across all areas.

Physical interventions using reasonable force can legitimately be used to prevent individuals from doing, or continuing to do, any of the following:

• committing any criminal offence

• causing serious damage or injury to property, equipment or persons (damage will always be serious if it provides a person with a weapon or potential weapon, involves self-harm or harm to others, exposes conditions which could cause a safety risk, or involves arson or potential arson)

The statutory powers confirmed by the specific pieces of legislation are in addition to the common law power of any citizen in an emergency to use reasonable force in self-defence or to prevent another person from being injured or committing a criminal offence.

Physical Touch

“Physical touch” is an essential part of human relationships. Within the services provided by The HOLT staff may well use touch to prompt, to give reassurance, to provide support in an activity, e.g. in the provision of a care service. In recent years, however, the subject of physical touch, and in particular the use of restrictive physical interventions, has become a focus of concern and staff understandably may feel uncertain.

This guidance is put in place to allow staff to provide appropriate services confidently and safely. The main factor which distinguishes touch from physical intervention is the degree of force applied, the intention of the action and how the action is perceived by the person receiving it.

It is unrealistic to suggest staff should touch a person only in emergencies. For some people touch can provide welcome reassurance or comfort in challenging or distressing circumstances. Equally touching may also be appropriate when congratulating or giving praise. Staff must, however, bear in mind that even perfectly innocent actions can sometimes be misconstrued and must, therefore, conduct themselves, accordingly, using their professional judgement.

Staff will also need to bear in mind that there may be some people for whom touching is particularly unwelcome. This may be due to their cultural background, individual sensitivities or because of having been abused. It is important staff are aware of these issues and the HOLT has a system to ensure staff are informed of these matters. Services and settings will need to have practice standards that are age, ability and gender appropriate, and sensitive to religious and culture backgrounds. Physical intervention is therefore not the only circumstance when there is physical contact between staff and individuals. Staff should respond to people in a way that gives expression to appropriate levels of care and to provide comfort to ease distress. The HOLT endorses the appropriate and professional use of physical touch and support. However, it does not support inappropriate physical contact between staff and individuals.

Staff need to ensure any physical contact is not misinterpreted. To use touch/physical support successfully, staff will need to adhere to the following.

Physical touch must:

• be non-abusive, with no intention to cause pain or injury

• be in the best interests of the person

• have a clear care purpose

Risk Assessments

The HOLT holds risk assessments for all clients who are known to have behavioural issues, or who may be prone to absconding. These risk assessments inform staff of strategies to be used with those particular clients, as each client is individual and will require a different set of strategies.

• situations that may provoke difficult behaviour, preventive strategies and what de-escalation techniques are most likely to work

• what is most likely to trigger a violent reaction, including relevant information relating to any previous incident requiring use of force

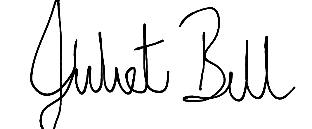
• if physical intervention is likely to be needed, any specific strategies and techniques that have been agreed by staff, family/carers/advocates and the individual concerned

• that planning needs to take account of managing the individual through appropriate agreed reactive strategies to diffuse conflict and the appropriate methods of physical intervention which should be used if these should fail.

Family/carers or advocates should be involved to ensure they are clear about what specific action the establishment might need to take. They may well have valuable information about what may trigger certain behaviours, what preventative strategies can be employed and what de-escalation techniques are most likely to work.

Clearly some of this information may be sensitive, and permission (ideally in writing) should be obtained to pass the information to colleagues who need it. However, where consent is unreasonably withheld then the information may still be given to staff who need it as this will aid them in preventing a greater incident from occurring.

Date: 23/08/2024

Signed: 

Date of review: 01/08/2026