



Manual Handling, Toileting & Changing Policy

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Introduction

At Autism Bedfordshire there are children whose specific learning difficulties, social or emotional difficulties mean that they can present behaviour that may occasionally necessitate the use of restrictive physical interventions to prevent injury, damage to property, or a serious breakdown of discipline. All staff must be aware that use of physical force must be reasonable, proportionate, and necessary, in the best interest of the child and comply with:

- Advice from the Department for Education on Use of Reasonable Force
- Behaviour Management Policy

Staff will attend regular Team Teach training and it is an expectation that any physical intervention will be in accordance with this training.

Staff may use physical intervention only if they have attended the relevant training. However, as Section 93 of the Education and Inspections Act 2006 states that all members of staff have a legal power to use “reasonable force”, there are occasions when, in order to fulfil our duty of care, we not only have a right but also a duty to intervene.

Our Expectations

The use of restrictive physical interventions should always be considered within the wider context of other measures. These include establishing and maintaining good relationships with children and using diversion, de-escalation and negotiation to respond to difficult situations. The use of physical force that is unwarranted, excessive or punitive is not acceptable. Failure to comply with this principle, when considering or using positive handling will mean that disciplinary procedures will be invoked.

Positive Behaviour Management

The Behaviour Management policy requires staff to meet the needs of the children in our care. If any measures need to be taken in response to an incident, they will be decided upon once full understanding of the situation has been gained. Such measures will always be designed to support the child, or children, and at no time be deemed to be punishment.

All staff should adopt a positive approach to improving behaviour in order to reward effort and application, and to build self-esteem. Staff should work in partnership with those who know the child to help those concerned:

- find out why this child behaves as he or she does
- understand the factors that influence this child’s behaviour
- identify early warning signs that indicate foreseeable behaviours are developing.

This approach will help to ensure that early and preventative intervention is the norm. It should reduce the incidence of extreme behaviours and ensure that the use of positive handling is rare.

Risk assessment and planning for use of restrictive physical interventions

A risk assessment will be undertaken for all children and young people for whom positive handling plans are deemed necessary.

Use of restrictive physical interventions in unforeseen and emergency situations

On occasion, staff may find themselves in unforeseen or emergency situations when they have no option but to use reasonable force to manage a crisis. It is recommended that:

- before handling a child - staff attempt to use diversion or de-fusion to manage the situation
- when using positive handling - staff must use Team Teach techniques and methods for which they have been trained.
- in exceptional circumstances (where permitted techniques are ineffective or staff are unfamiliar with the action they should take) – staff manage the situation as best they can and act ‘in loco parentis’.

Staff must always report and record use of positive handling on an Incident Record on the day that the incident takes place.

There are a wide variety of situations in which reasonable force might be reasonable, proportionate and necessary, to control or restrain a child. They will fall into three broad categories:

- a. where there is a risk of injury to themselves or others;
- b. where there is a risk of significant damage to property;
- c. where a child is behaving in a way that is compromising good order and discipline.

Team-Teach techniques seek to avoid injury to the service user, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent “side-effect” of ensuring that the service user remains safe.

Post-incident support

Incidents that require use of restrictive physical interventions can be upsetting to all concerned and may result in injuries to the child or member of staff. Following any incident, it is important to ensure that staff and children are given emotional support and basic first aid treatment for any injuries. Immediate action should be taken to ensure that medical help is accessed for any injuries that require other than basic first aid. All injuries should be reported and recorded in accordance with Autism Bedfordshire’s procedures.

The Children’s Services Manager must be alerted as soon as possible that a situation involving physical intervention is taking or has taken place. Appropriate support based on the severity of the incident will be provided for staff and children after the incident. The Children’s Services Manager will ensure that all correct procedures have been followed. These procedures must include:

- Notification of parent or guardian that the incident has taken place

- First aid as appropriate
- Checking that all parties have recovered sufficiently before resuming their normal responsibilities.

Reporting and recording use of restrictive physical interventions

All incidents involving restrictive physical intervention must be recorded on the same day, on the appropriate form. All incidents of physical restraint must be recorded on the same day, on the appropriate form.

The record must include:

- the name(s) of the child(ren) involved, and when and where the incident took place;
- the names of any other staff or children who witnessed the incident;
- the reason that force was necessary (e.g. to prevent injury to the child, another child or member of staff);
- how the incident began and progressed, including details of the child's behaviour, what was said by each of the parties, the steps taken to defuse or calm the situation, the degree of force used, how that was applied, and for how long;
- the child's response, and the outcome of the incident;
- details of any injury suffered by the child, another child, or a member of staff and of any damage to property.

The use of seclusion/isolation rooms

Seclusion refers to the supervised containment and isolation of a child or young person away from others, in a room/area from which they are prevented from leaving. It is designed to contain severely disturbed behaviour which is likely to cause harm to others. The courts have found that seclusion could be used with a young person where it was necessary in order to control aggressive behaviour but only for so long as was necessary, proportionate and the least restrictive option likely to succeed, and in accordance with a risk and restraint reduction plan and support plan designed to safeguard their psychological and physical health. For young people over 16, without mental capacity, use of seclusion which amounts to a deprivation of liberty must be authorised under the Mental Capacity Act 2005.

Long-term segregation, where a child or young person is prevented from mixing freely with other children or young people, must never take place outside of hospital settings and should never be used with children who are not detained under the MHA.

(Taken from DoF and DoH – Reducing the need for restraint and restrictive intervention Draft guidance November 2017)

Autism Bedfordshire satisfies these requirements; the use of seclusion rooms is only acceptable as a last resort and when approved by the parents or carers. Frequency and duration of their use is monitored by the staff responsible for behaviour.

Monitoring use of restrictive physical interventions

Use of physical intervention is monitored in order to help staff learn from experience, promote the wellbeing of children in their care, and provide a basis for appropriate support. The data generated is used to help determine training needs and the specialist help needed.

Responding to complaints

The use of restrictive physical intervention can lead to allegations of inappropriate or excessive use. In the event of a complaint being received by a charity regarding the use of force by a member of staff, the matter should be dealt with in accordance with agreed procedures for handling allegations against members of staff.

Any complaint will be dealt with by the Chief Executive Officer or Board of Trustees, where appropriate.

Staff training

It is the charity's intention to have at least two members of staff trained as an Intermediate Team Teach Tutor. It is a requirement that staff update their positive handling skills by attending refresher training at least bi-annually.

Toileting & Changing Policy

Introduction

At Autism Bedfordshire we have a duty of care for all our children. It is important that children are happy and comfortable during their charity day. Situations may arise where children require changing due to a toilet accident or activities as a result of water play, messy play, weather etc. On these occasions the children will be encouraged to change themselves enabling them to build upon their personal intimate care skills. However, there may be times when the children will need some assistance in the changing process.

Aims and Objectives

- To promote a positive dialogue between home and charity and to implement an action plan in agreement with parents/carers, for pupils who need toilet training
- To encourage children to develop their self help skills enabling them to access all areas of the curriculum and charity activities
- To ensure necessary resources are identified and provided
- To identify the roles and responsibilities of staff
- To ensure children are treated with respect and sensitivity in such a way that their experience of intimate care is a positive one
- Children should be allowed to exercise choice where possible
- Children should be encouraged to have a positive self image of their own bodies

Communication with Parents

An informal discussion will take place to assess children's independence skills. An action plan/care plan will be agreed with parents/carers on initial contact or visits if their child is not toilet trained. Procedures for dealing with accidents will be clearly communicated with parents.

Staff Responsibilities

Children will change themselves or be changed if they soil themselves or become uncomfortably wet.

Parents will be contacted as soon as possible if it is felt that the child has had a toileting accident as a result of illness. Frequent reminders to visit the toilet will be given to children.

Toilets should be welcoming and children's concerns about toilets will be listened to. All children will be encouraged to use the toilets and develop their self help skills.

Safeguarding Children and Adults

Anyone caring for children, including volunteers and other charity staff, have a duty to care and act like any reasonable prudent parents. Staff have a duty to make sure children are healthy and safe. Only charity employees will be allowed to change children. All staff will have an enhanced DBS certificate.

All staff should be familiar with this policy. Appropriate support and training should be provided when necessary. The duty of care extends to staff leading activities off site such as educational visits.

Health and Safety

It is essential to maintain a high level of health and safety at Autism Bedfordshire to ensure protection of both staff and children. All staff to wear disposable gloves and aprons whilst dealing with accidents. Soiled clothes to be double wrapped in carrier bags. Soap and hot water to be available to wash hands when the task is complete. Hand dryers available for drying hands. Once identified, children will not be left in soiled clothing for a length of time. The following steps will be taken to ensure health and safety of both staff and children:

- Remove the child to a changing area i.e. designated toilet area.
- Alert another member of staff.
- Collect equipment and clothes.
- Adult to wear gloves and apron.
- Child to undress as appropriate and clean themselves as much as possible under the guidance of the adult.
- Soiled clothes to be double wrapped in carrier bags and given to parents/carers when the child is collected.
- Children should dress themselves in clean clothing and be taken back to class unless they are collected and taken home.
- Changing area to be cleaned and disinfected.

Sensitivity and Respect

Adults should at all times be aware of children's feelings and reactions, and ensure their privacy and confidentiality. Clear instructions and explanations will be given to the children.

Key Points

- If taking a child to the toilet, staff need to inform the Team Leader where they are going.
- Ideally another member of staff should be within ear-shot.
- It is the responsibility of the Senior Team Leader/Team Leader to change pads/nappies.
- In the event of a toileting accident it is the Senior Team Leader/Team Leader who is responsible for changing.
- Supporting member of staff must be present.
- Gloves, wipes, double bagging should be thrown in the clinical waste bins or sent home.
- Autism Bedfordshire encourages a child's development in personal care and will seek information from parent as to the level of support child may need.
- Adapt communication to promote healthy toileting, for example, verbal prompts scheduling etc.

Swimming Accidents

What to do if you suspect an accident has occurred:

- Senior Team Leader/Team Leader will allocate staff and volunteers to their roles. Everyone is expected to assist. No-one is to deal alone.
- Risk of water contamination.
- Observe clearly allocated roles. With floating staff positioned.
- Follow the children in/out pool – procedure.
- Team Leaders to liaise with lifeguards to ensure supervision/support is in place prior to group going in the water.
- Due consideration given to age and ability of child when allocating male/female changing rooms.
- Children to be signed in and out of water.