



Physical Restraint policy

April 2026-2027

Acorn Childcare Centre operates a positive Behaviour Policy. It is our aim to establish good behaviour from our children in a caring and supportive environment where the welfare of the children is paramount.

The purpose of this policy is to outline the procedures to be followed in the rare case of a restrictive physical intervention being used by a member of staff towards a child.

The use of physical intervention/restraint is wherever possible avoided. However, where necessary and appropriate, reasonable force will be used to control or restrain children.

It is our aim to:

- Create a warm, calm and orderly atmosphere that promotes a sense of community.
- Achieve a consistent attitude by all staff that gives pupils a sense of security and safety whilst promoting clear expectations on acceptable behaviour.
- Ensure that all staff, relevant directors, children, parents/carers understand their roles and responsibility regarding behaviour management.
- Promote the continual development of staff and appropriate documented training necessary.

The attitude and behaviour of all staff is essential in creating and maintaining a positive ethos within the nursery, the committed team approach will help provide a positive role model for children where they respect themselves and others.

Definition:

Physical intervention is any method of physically intervening to resolve a difficult or dangerous situation and is not necessarily physical restraint.

Physical restraint is defined as when a member of staff uses force with the intention of restricting a young person's movement against their will.

Physical intervention and restraint should be used as last resort to support children and young people in times of crisis. Restraint should be avoided wherever possible. It is never a substitute for good behaviour management. Other methods (such as defusing conflict, non- physical calming, etc) of managing the situation should always be tried first, unless this is impractical.

The degree of force used should be the minimum needed to achieve the desired result.

Physical restraint should only be considered an option if:

- Calming and defusing strategies have failed to de-escalate the situation.
- The response is in the paramount interests of the young person.
- Not intervening is likely to result in more dangerous consequences than intervening.

Using force

Before using force, staff should, wherever practicable, tell the child to stop misbehaving and communicate in a calm and measured manner throughout the incident. Staff should never give the impression of acting out of anger or frustration or to punish a child and should make it clear that physical contact or restraint will stop as soon as it ceases to be necessary.

Certain types of physical contact to “punish a child or cause pain, injury or humiliation” is explicitly forbidden (Educational Act 1996). Examples of this contact would be as follows:

- Kicking, slapping, punching
- Tripping
- Holding child face down to the ground
- Any contact/hold that may restrict breathing/airways.
- Forcing limbs against their joint

In all incidents where physical restraint has been used, the following actions must be taken:

- The Centre Manager/ Deputy Manager must be informed as soon as possible.
- The Centre Manager is responsible for ensuring parents are informed as soon as possible.
- Staff involved must complete a written record (incident form, Appendix 1.) as soon as possible and always within 12 hours of incident taking place.

Risk management.

Any child who has needed to be restrained or who has challenging behaviour which might make this necessary should have a risk assessment (completed by Sarah Kennedy, H&S lead) and a behaviour plan (lead by Donna Downs, SENDCo) specifying situation most likely to trigger difficulty behaviour. Any strategies (de-fusing techniques most likely to help, agreed with parents/carers and communicated to all staff who work with the child. (This must be reviewed every term).

Health & safety

The young person’s health and safety must always be considered first and monitored. Any restraint must be ceased immediately if significant signs of physical distress are seen. i.e. sudden changes in colour, difficulties in breathing, vomiting.

Staff are not under a duty to run the risk of personal injury, by intervening where it is not safe to do so. If the situation is assessed as being too dangerous, staff should remove other children, retire to a safe distance, and call for another member of staff to help.

If a child and his/her parents/carers wish to make a complaint about physical restraint used by a member of staff or other authorised person, they will complain to the Centre Manager in the first instance (or to the directors if the managers are subject of the complaint). The incident will then be investigated under the relevant disciplinary procedure.

Legalities/context and framework

Section 93 of the Education & Inspection Act 2006 stipulates that reasonable force may be used to prevent a pupil/child.

- Committing a criminal offence (or for a pupil under the age of criminal responsibility, what would be an offence for older pupil)
- Where there is a risk of injury to others or to the pupil (child)

- Where there is a risk of significant damage to property
- Where good order and discipline is compromised

This policy was adopted on	Signed on behalf of the nursery	Date for review
<i>12th April 2024 Reviewed April 2026 - SK</i>	<i>Lorna Hodgett</i>	<i>April 2027</i>



Incident report form

Name of person involved.....

Location of incident.....

Date of incident..... Time.....

Witnesses.....

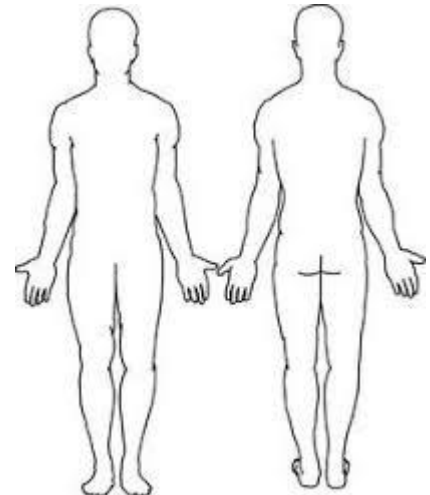
Incident reported to.....

Type of injury

- Slips, trips, and falls. Choking.
Fall from height. Exposure to toxins including allergens.
Child initiated. Cuts, grazes, and puncture wounds.
Accidental child initiated. Strangulation/ asphyxiation.
Burns and scalds. Other.....
Crush injuries.
Equipment.
Bites.

Incident details including any First Aid administered or further treatment required because of the incident.

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If the injury was a bump on the head, please continue to observe your child closely for the next 24 hours. If they display any of the following symptoms, please contact your GP or local A&E department:

Table with 3 columns: Headaches, which may be severe and persistent; Dizziness; Nausea; Vision disturbance; Poor balance; Confusion; Memory loss or difficulty remembering things; Poor concentration; Tiredness; Irritability; Anxiety; Low mood

Staff Name: Staff signature.....

Parent Name..... Signature.....

Date.....

For Office use only

Incident investigated by.....

Details of any further action required.....

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