St Ninian's Primary School

Physical Intervention and Seclusion Policy



Introduction

At St Ninian's Primary we have adopted South Ayrshire Council's Management Guidelines of Physical Intervention and Seclusion. The guidance applies to all Education Settings including Early Years, Specialist provisions and all Primary and Secondary Schools. The purpose of this policy is to improve a child or young person's learning experiences by outlining best practice in:

- ***Promoting positive relationships, behaviour and wellbeing;***
- ***Minimising the use of restraint and seclusion and eliminating their misuse; and***
- ***Ensuring children and young people's rights are understood, respected and taken account of in all decisions around the use of physical intervention.***

The policy promotes good practice in ensuring all children and young people are safe and protected within a nurturing environment where any additional support needs are well understood and provided for.

This policy outlines the preventative approaches that should be in place to minimise the use of restraint and will be followed by all staff at St Ninian's Primary. Where restraint is used, the policy offers best practice advice on rights-based decision making and the necessary safeguards that must be in place to ensure lawful practice and protect the wellbeing of children and young people and staff. The policy reflects education providers' duty of care to children and young people in relation to their health, safety and wellbeing.

Finally, the policy offers advice on post-incident support for children and young people and others involved and outlines expectations for recording, monitoring and reporting the use of physical intervention.

School staff should ensure that restraint is only used as a last resort, to prevent harm, with minimum necessary force, and for the minimum necessary time.
Key staff are trained in MAPA CPI approaches.

Human Rights of Children and Young People

At St Ninian's Primary we are a Gold Level Rights Respecting School and children's rights are at the centre of our practice. The United Nations Conventions on the Rights of the Child (UNCRC) sets out the fundamental rights of all children and young people.

The Scottish Government are seeking to incorporate the UNCRC into Scots law to the maximum extent possible. Legal safeguards are also found in the European Convention of Human Rights (ECHR), which is incorporated into Scots law by the Human Rights Act 1998.

Furthermore, the provisions of the Equality Act 2010 (the 2010 Act) and the United Nations Convention of the Rights of Persons with Disabilities are directly relevant to practice in this area.

The relevant articles of the UNCRC and ECHR can be found as an appendix to this policy entitled 'Legal Framework'.

Guiding Principles of the Policy

Reflecting children's human rights and the nurture principles, the key principles that should guide all practice in relation to the use of physical intervention are:

- All behaviour is communication, and a child or young person's distressed behaviour may indicate unmet needs. All efforts should be made to understand and address those needs.
- All children and young people have a right to have their views sought and taken into account.
- All children have the right to be cared for, protected from harm and grow up in a safe environment in which their rights are respected and their needs met.
- Restraint should not be viewed as, or become, routine practice in schools. It should not form part of any behaviour, education or care plan. It should only be used:

    - Within a culture that prioritises positive relationships, behaviour and wellbeing, is trauma informed and implements planned preventative approaches;
    - To avert an immediate risk of injury to the child or young person, or to others, where no less restrictive option is viable (i.e. as a last resort);
    - For the shortest time necessary and in the safest, least restrictive manner;
    - By those who are trained (MAPA CPI training);
    - With Care; and
    - Where they do not degrade, punish or deprive a child or young person of their liberty.

Universal and Targeted Support

All staff have a responsibility to know and respond to the needs of the children and young people in their care; to promote and support their wellbeing and their readiness to learn. This forms the basis of the universal and targeted school-based support provided in mainstream and specialist education settings.

Getting It Right For Every Child (GIRFEC) values and principles, the National Practice Model and the SHANARRI wellbeing indicator provide the framework that enables the delivery of safe, positive nurturing learning environments where all children and young people are included, engaged and involved. This framework is complemented by the provisions of the Education (Additional Support for Learning) (Scotland) Act 2004 (the 2004 Act) and the statutory Code of Practice, which further enables children and young people to receive the support they need to benefit from their education.

At St Ninian's Primary we have a duty to make reasonable adjustments for children and young people under the 2010 Equality Act. The reasonable adjustments duty under the 2010 Act is anticipatory in nature, requiring forward planning based on what may be needed for the child or young person.

Prevention

It is recognised that for some children and young people, particularly those with complex additional support needs, some forms of physical intervention can play an important role in supporting their physical wellbeing. Examples include the provision of postural support, headrests and the use of moving and handling equipment such as hoists and mobility aids. In such cases, the form of physical intervention should be part of an agreed plan and efforts should focus on ensuring its use is always safe, proportionate and non-discriminatory, rather than preventing its use. Similarly, some forms of non-restrictive physical intervention play an

important role in supporting children at an early stage of development. Examples include a young child accepting the offer of hug if they are upset or holding an adult's hand to feel safe and secure.

Where physical intervention involves the use of any form of restraint, South Ayrshire Council has processes in place to minimise its use and eliminate its misuse.

At St Ninian's Primary we very much see all behaviour as communication, distressed behaviour in a child or young person may indicate an unmet learning or wellbeing need or that a child or young person is experiencing a stressor too great for them to manage. This is discussed regularly with all school staff and training reflects this.

The purpose of preventative approaches is to understand their needs and, where possible, meet those needs. Preventative approaches form part of the provision that schools may be required to make for children and young people under the 2004 Act and/or reasonable adjustments under the 2010 Act.

Where a child or young person is beginning to evidence distress in an educational context, an assessment of their needs will be undertaken with the aim of preventing the behaviours occurring over time. This is a team approach and SLT are very much involved.

The Getting It Right For Every Child (GIRFEC) framework is central to the successful implementation of preventative approaches.

Where there is a likelihood of a child or young person becoming distressed in their learning environment, or where that has previously occurred, we will use the GIRFEC framework to put in place individual preventative support.

In line with the current framework, agreed preventative approaches should feature in or link to any plan – Child's Plan, Wellbeing Plan ad Risk Assessments. Where a Co-ordinated Support Plan is in place, specific text should usually be included setting out preventative measures as part of the support required for the child or young person. In these circumstances, all agencies as well as children and young people, parents and carers should agree to the approach.

All support, including preventative support, is kept under regular review to ensure its effectiveness. Preventative approaches in any Child's Plan should focus on what may be implemented with the goal of preventing distressed behaviour occurring, rather than focussing solely on approaches to be used when it does.

Planned supports should be based on up-to-date risk assessments, an analysis of occurrences of distress and knowledge of the child or young person's additional support needs. It is expected that all staff working with a child or young person should be aware of, consistently apply and provide feedback on the agreed preventative approaches included within any child's Wellbeing Plan.

Positive Relationships, Behaviour and Wellbeing

The value placed on building positive, respectful and supportive relationships between all members of the school community will also play an important role in shaping a school's culture and children and young people's experience of learning.

Building positive relationships forms a key part of curricular learning in health and wellbeing and existing strategies to promote school connectedness, resilience, inclusive culture and the development of children and young people's social and emotional competences. Positive relationships always feature on our staff training programme and time is set aside to focus on

creating positive relationships with all staff.

The process of child or young person participation in decision making is important for building respectful and trusting relationships and a culture where their views are listened to and acted upon. Children's views are sought and acted upon.

It is recognised that children and young people can build strong and trusting relationships with individual members of staff, who can help them during times of distress. The names of any preferred contact should be included in any Child's Plan.

At St Ninian's Primary our Senior Leadership Team will continue to be alert to the potential for distress caused by the absence of any staff member who normally supports a child or young person. This is communicated with staff and steps put in place to minimise distress. We limit the number of adults involved in a child's plan.

Where distress has led to a relationship breaking down, or following the use of restraint, restorative approaches should be used to help repair this rupture. It is important that restorative conversation take place at a time when the child or young person and staff member feel able to engage in them. This is not usually immediately following the use of restraint as it can take time for all to feel able to discuss any incident.

School leadership teams should ensure they share key information on preventative approaches and restraint reduction throughout the school.

Understanding Behaviour as Communication

As part of a GIRFEC approach, care is required in order to proactively meet children and young people's physical, neurodevelopmental, sensory, emotional and communication needs. This is particularly important where additional support is required with speech and language communication of where a child or young person cannot communicate what they want or need verbally.

In such circumstances, extra care and assessment is required to develop an effective non-verbal method of communication with the child or young person to allow learning, and the learning environment, to be tailored to meet their individual needs. Children's plans reflect this.

If a child or young person can communicate (verbally or non-verbally) and their physical, neurodevelopmental, sensory and emotional needs can be met, distressed behaviour is less likely to occur. In addition, when children are extremely stressed, their ability to express themselves appropriately diminishes, and those supporting them need to be mindful of trying to understand what the behaviour is communicating in that moment.

For example, what can appear to be refusal, could in fact be a function of anxiety due to an overstimulating learning environment and/or a fear of a change.

In order to best understand whether a child or young person may be experiencing sensory integration difficulties, a trauma trigger or, for example, stress due to the cognitive load of the task being too high, a functional analysis of the distressed behaviour(s) should form part of the assessment of the child or young person's additional support needs.

Positive Learning Environments

When considering preventative approaches, thought should be given to the potential impact of the physical learning environment. As part of a nurturing approach to practice, the learning environment offers a safe base. At St Ninian's Primary we have quiet spaces in each class and

a sensory room on the ground floor, these spaces create a sense of safety and reduce stress. Children can also access the pupil support room and meeting room if required. These closed spaces are very useful to minimise stress and protect children's dignity.

Safe spaces that may become used for physical intervention should be assessed to ensure they do not increase, rather than reduce, the stress levels of children and young people and associations of shame or stigma.

Co-regulation and De-escalation

There will still be situations where a child or young person requires support from adults to regulate their emotions, behaviours and stresses. Some children, over time and with support, will be able to self-regulate when they are distressed but some children and young people with complex additional support needs, and younger children, will require support from adults to 'co-regulate'. Both approaches are closely linked and share the same aim of de-escalating emotions, behaviours or stresses in the moment.

Children and young people, their parents or carers and all staff involved in supporting them should be actively involved in agreeing de-escalating and co-regulation approaches, which should be subject to regular review.

All staff working with the child or young person, including pupil support assistants and supply teachers, should be informed of the approaches agreed in the plan to enable them to respond appropriately. At St Ninian's Primary and EYC the plan is shared with all staff in the team. These will differ from child-to-child and should be responsive to meet their needs.

The least restrictive approach to supporting a child or young person whose stress levels are rising is to use de-escalation strategies. The use of de-escalation should always be considered as a first response.

De-escalation is most effective when planned and tailored to the individual child or young person. Examples below are:

- Communicating in a calm, non-judgemental and non-threatening manner;
- Reduce unnecessary language;
- Give the pupil time and space;
- Reduce the number of people present;
- When possible, seek support from staff who have a good relationship with the pupil;
- Provide the offer of an activity or movement break that supports self-regulation;
- Respecting their personal space at all times, by maintaining a suitable distance;
- Being mindful of the use of supportive body language, facial expressions and tone of voice (and not speaking, when appropriate);
- Accommodating, where possible, any previously agreed strategies or unplanned requests that de-escalate, including a pupil-led withdrawal; and
- Knowledge of the principles of de-escalation will assist staff to respond in emergency situations.

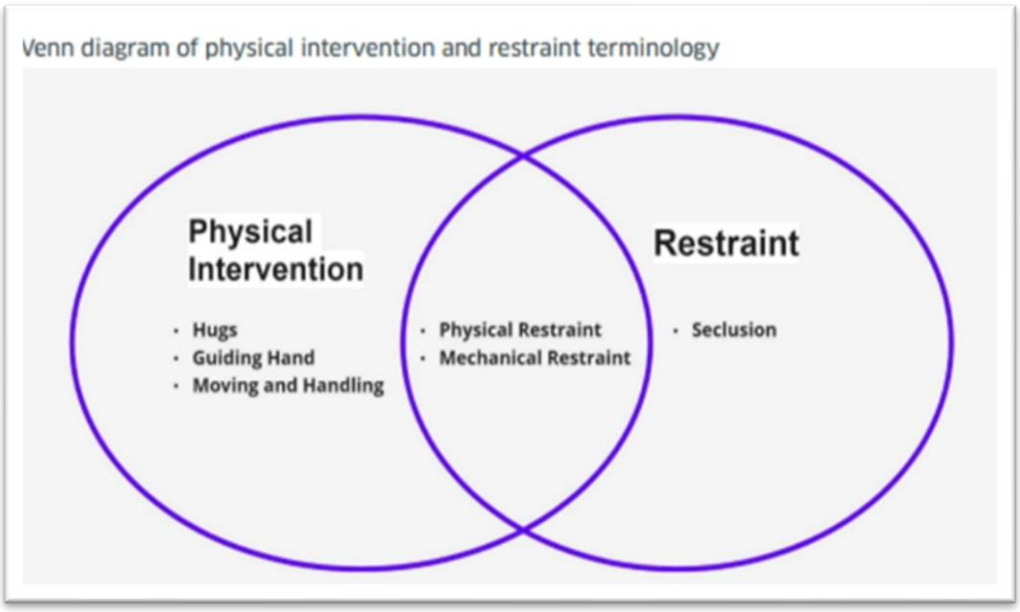
Physical Intervention

The definition of physical intervention is:

"Physical contact carried out with the purpose of providing support to or preventing the actions of a child or young person."

(Included, Involved and Engaged, Part 3

Physical intervention includes a wide range of practices from non-restrictive support to restraint, however a restraint should only be used following a dynamic risk assessment in an emergency situation. Physical intervention can be used in a variety of ways for example, as shown below:



Included, Involved and Engaged, Part 3

Common factors in all of these decisions are the best interests of the child or young person and the duty of care education providers have to protect them and others from harm.

This section outlines the different types of physical intervention that may be encountered in schools and the key considerations and safeguards that should determine their use.

Non-Restrictive Physical Intervention

Physical contact between a member of staff and a child or young person for the purpose of education, communication, providing aid, reassurance or comfort where there is no element of restriction, would not be considered restraint. An example may include giving a young child a helping hand if they have fallen over.

Non-restrictive contact may also be an important part of communicating with children and young people with complex speech and language communication needs. Such contact must always be in line with the principles of safeguarding and child protection; their use does not need to be recorded.

Considerations for non-restrictive physical intervention are as follows:

- The level and form of contact would be determined by a dynamic risk assessment of the child or young person's education or wellbeing needs.

- Some children and young people may find physical contact with other people to be an additional and unnecessary cause of stress.
- For many children and young people this will form part of sensory integration and sensory learning programmes to support them to reduced sensory overload.
- Such contact would not require any follow up action or recording, unless any wellbeing concerns are identified, first aid is administered or there are any safeguarding or child protection concerns.

Pupil-Led Withdrawal

The definition of pupil-led withdrawal is:

"Where a child or young person temporarily moves away, at their choice, from a situation which they are finding challenging to a place where they have a better chance of regulating their emotions and behaviour. The child or young person is free to leave the space they have moved to."

Included, Involved and Engaged, Part 3

A pupil-led withdrawal can be reactive, in response to an unexpected situation, or part of a planned approach. The child or young person is **not** prevented from leaving the space to which they have gone. It is therefore not considered a restraint and does not need to be recorded for the education providers' monitoring purposes, but should be added to any child's plan. At St Ninian's Primary children who require additional support to regulate know where the safe spaces are an often ask to go to these quiet spaces or go outside to our secure playground. They are encouraged to use these spaces supported by staff.

Consideration for Using Pupil-Led Withdrawal

A risk assessment may be required to determine whether pupil-led withdrawal is a safe approach for the individual child or young person, should this become a recognised support. For example, this may not be a suitable option for a child or young person who is prone to running away.

The child or young person must be free to leave the space when they wish otherwise this would be categorised as seclusion.

Restraint (Restrictive Intervention)

The definition of restraint is:

"An act carried out with the purpose of restricting a child or young person's movement, liberty and/or freedom to act independently."

Included, Engaged and Involved, Part 3

Types of Restraint

There are many forms of restraint, which is sometimes referred to as restrictive intervention.

Restraint can involve **direct** physical contact (e.g. physical and mechanical restraint) or **indirect** acts such as seclusion.

These types of restraint are defined in more detail below. This list is not exhaustive; it is intended to cover the types most likely to be encountered by school staff.

Should there be any doubt whether an action is restraint, it is important to bear in mind that

the key issue is the nature of the act, not how it is described.

Any act which restricts a child or young person's freedom to move or act could fall within the definition of restraint.

General Considerations and Safeguards for Using and Form of Restraint

The following general considerations must be satisfied in the event of any restraint:

- Restraint should only be used to avert immediate danger of physical injury to any person where no less restrictive option is viable. This reflects the principle of last resort.
- School staff should be actively taking measures to reduce the use of restraint. All staff at St Ninian's Primary are made aware of this.
- Staff should complete CPI Safety Intervention training which is offered on COAST and refresh this annually to ensure their certification is valid.
- The use of restraint more than once, without evidence of reasonable adjustments being made, is unlikely to be considered proportionate.
- ***Restraint must never be used as a form of punishment or as a means of securing compliance.***

The following are general safeguards for using any form of restraint:

- Wherever possible, restraint is only used by staff who have been appropriately trained in CPI Safety Intervention for its safe use.
- When it is apparent that a child or young person is not responding to the de-escalation strategies being used by an individual member of staff and a risk behaviour seems imminent, then wherever possible another member of staff should be alerted (as per school and training provider protocol). The presence of a second CPI trained staff member is required to ensure the care, welfare, safety and security of the pupil and provide a collaborative supportive approach to managing the risk behaviour.
- A dynamic risk assessment should always take place. This should consider:

    - The best interests of the child or young person;
    - The risk of injury posed to the child or young person and to others;
    - The age of the child or young person, physical health, additional support needs, disability and any known experience of trauma; and
    - The least restrictive response available, including all viable alternatives, including de-escalation, and the option of not intervening.
    - Where necessary, restraint should only be used for the shortest time and in the least restrictive manner possible. Restraint must at all times be 'reasonable'. ***'Reasonable' is the minimum intervention staff should exercise to prevent physical injury, always bearing in mind the needs of the pupil and the danger presented to those concerned.***
    - ***There must be a rational and proportionate connection between the level and duration of the restraint, and the risk of injury posed.*** Levels of restrictive physical intervention should be reduced and ceased as soon as possible to support the child or young person and help them self-regulate.
    - Every effort should be taken to protect the dignity of the child or young person being restrained, including taking account of their wishes and preferences where safe to do so.
    - The attendance of two CPI trained staff should ensure that the child or young person's welfare is closely monitored throughout the period of restraint to reduce the risk of injury.

- ***During the restraint staff should maintain a calm, consistent and supportive approach.***
- At all times, only one staff member should be speaking to the pupil to reduce confusion and anxiety caused by multiple voices.
- Instructions around movement or change of position should always be explained to the child or young person which will also serve to help staff co-ordinate their movements.
- At the appropriate stage, when the members of staff are able to reduce the level or end the restraint, clear communication with the pupil is necessary.
- A child or young person must **never** be asked to physically intervene with another child or young person.
- When considering whether a staff member should undertake training in restrictive physical intervention, managers must consider the need for CPI Safety Intervention training within their establishment and ensure the suitability of selected staff which would be undertaking the training.
- Staff members **must never** physically intervene to prevent damage to property unless in doing so the child or young person is putting themselves or others at risk.
- SLT at St Ninian's Primary will decide which members of staff require training.

Specific Types of Restraint

Physical Restraint

The definition of physical restraint is:

"The use of direct physical force to restrict freedom of movement."

- Physical restraint should only be used to avert immediate danger of physical injury to any person where no less restrictive option is viable.
- Physical restraint on a child or young person for any other purpose may be considered an assault.
- Physical restraint must never be used as a form of punishment or as a means of securing compliance.

Safeguards for Using Physical Restraint

In addition to the general safeguards for using any restraint, the following specific safeguards apply to the use of physical restraint:

- CPI restraints which staff are trained in, have all been risk assessed before use in school. However, if the child has a specific health concern, guidance should be sought from health professionals to ensure the safety of restraints in line with their medical need. A risk assessment should describe any specific risks which may be associated with the use of the agreed physical restraint techniques specified for use with the individual child or young person and how these should be minimised. These assessments and agreed approaches must be shared with all staff who may be required to use them including the Campus Police Officer.
- The use of CPI small child high level hold **must not** be used. This will be removed from all staff training and refreshers as it includes wrapping the child's arms across the front of their body (basket hold).

- In line with CPI training, all steps should be taken by the person or persons applying the physical restraint to minimise the risk of injury during the physical restraint, including using the minimum necessary force and ending it at the earliest opportunity possible.
- Where it is possible and is safe for them to do so, no other children and young people should be present when the physical restraint is occurring, for example, they may be asked to leave or guided to another location.
- Where risk assessments indicate that distressed behaviour may be exhibited by a child or young person, a means by which a member of staff working with them can summon immediate support should be agreed.

Mechanical Restraint

The definition of mechanical restraint is:

"The use of equipment to restrict freedom of movement."

Recognising Mechanical Restraint

The provision of equipment that is used to increase the access to independence for children and young people with complex additional support needs is an essential component of an integrated health and social care service. Examples of such equipment include postural supports, headrests, wheelchairs to assist independent mobility and hoists to assist with moving and handling.

Where the use of equipment involves an element of restriction of movement, for example a wheelchair strap, its use could be considered a mechanical restraint. It is therefore important that the safeguards highlighted below are in place to ensure the safety and wellbeing of children and young people at all times.

The use of seatbelts during transport is a precondition of safe travel. They would **not** be considered a mechanical restraint within the terms of this guidance.

Safeguards for Using Mechanical Restraints

In addition to the general safeguards for using any restraint, the use of any equipment with a restrictive element should:

- Form part of an agreed needs-based assessment, planning and implementation process and be regularly reviewed;
- Only be used in accordance with its proscribed use and in the safest least restrictive manner;
- Only be used by staff who have been appropriately trained in their safe use;
- Be used with the consent of the child or young person, wherever possible;
- Always be supervised;
- Never be used as a form of punishment, securing compliance or as a response to distressed behaviour;
- Always be proportionate and non-discriminatory;
- Be reported, recorded and monitored if its use was unplanned or was used for a longer period of time or more frequently than prescribed; and
- Follow the agreed care plan in cases where a young person with additional support needs may be using a specified chair or seating plan and may required medical intervention.

Staff-Led Withdrawal

The definition of staff-led withdrawal is:

"Working with a child or young person to move away from a situation which they are finding challenging to a place where they have a better chance of regulating their emotions and behaviour. The child or young person is not prevented from leaving the space they are moved to."
Included, Involved and Engaged, Part 3

Consideration for Using Staff-Led Withdrawal

Staff-led withdrawal is a restraint or should be classed as seclusion if:

- It takes place against a child or young person's will;
- The child or young person is prevented from re-joining their peers against their will;
- The child or young person should be encouraged to move to a space that will help them regulate. This may involve the offer of a specific activity in this space. Both the space and the activity may be an agreed part of any child's plan;
- Staff planning and facilitating a staff-led withdrawal should be supported to do so in a trauma informed and trauma responsive way;
- While staff may prevent the child or young person from re-joining their peers if the risk of injury to themselves or others remain high, the child or young person should not be prevented from leaving the space they are moved to or from moving to another space if it can be safely accommodated. If a child or young person is not allowed to leave, the staff-led withdrawal would escalate to seclusion;
- Where a venue or area requires to be used regularly for withdrawal, that setting should be risk assessed. Spaces should be areas which are designed to keep children and young people safe in a supportive way; and
- Staff-led withdrawal should be recorded to enable the monitoring of use, post incident reviews and future restraint reduction planning. This should involve the school leadership team and, where applicable, the education authority.

Seclusion

The definition of seclusion is:

"An act carried out with the purpose of isolating a child or young person, away from other children and young people and staff, in an area which they are prevented from leaving."
Included, Involved and Engaged, Part 3

Recognising Seclusion

The key features of any seclusion are:

- The child or young person cannot leave the space in which they have been secluded.
- Staff blocking an open door, or in any other way preventing the child or young person from leaving a room or space in which they have been moved to, would be considered seclusion.
- A child or young person's consent is not a feature of seclusion.
- If a child or young person is free to leave the space they have been moved to by staff, then this would be considered a staff-led withdrawal, rather than seclusion.

Restrictions of Movement

When considering practice, it should be acknowledged that in the school context, as in other areas of children's lives, some restrictions of movement are normal and desirable, for example, in the interests of children's safety.

Within St Ninian's Primary, these may include restrictions around leaving the school campus, break times and agreed parameters around the unsupervised activity of children. These types of restrictions, which are sometimes known as blanket restrictions, in that they apply equally to all children and young people, should always be proportionate and not discriminate against individual or groups of children and young people with particular protected characteristics. Such restrictions of movement would not amount to seclusion.

Implications of Using Seclusion

Seclusion, similar to other forms of restraint, places an additional level of temporary restriction on a child or young person's freedom of movement. However, the use of seclusion also carries the risk of depriving a child or young person of their liberty.

There is no legal process for authorising a deprivation of liberty in a school context. This means that the use of any act which deprives a child or young person of their liberty would not be in accordance with the law, and the education provider may be legally challenged. The safeguards listed in this section will help supporting children and young people and reduce the risk of a deprivation of liberty occurring; however, this risk cannot be mitigated entirely if seclusion is used.

In addition to human rights implications, the use of seclusion can also cause harm to children and young people's health and wellbeing and dignity, particularly when prolonged and, or, frequently used.

Seclusion is not recommended for general use in schools, either as part of routine practice or as a 'default' response to distressed behaviour. Seclusion should only ever be used in an emergency to avert and immediate risk of significant harm to the child or young person, or others, where no less restrictive option is viable. It should end as soon as the immediate risk is reduced.

Seclusion should not form part of any child's plan. Staff may wish to review current plans and update where necessary to reflect this position.

During seclusion, the following safeguards should be in place:

- As part of a dynamic risk assessment for seclusion, consideration should be given around the age and stage of the pupil, previous traumatic experiences which may cause additional distress.
- Before a decision to seclude, all viable alternatives should be considered, including co-regulation strategies, staff-led withdrawal or non-intervention.
- The area used for seclusion must be safe, welcoming and offer items which the child or young person can use to support them in regulating.
- Seclusion must only ever be used for the shortest time possible.
- Every effort should be taken to protect the dignity of the child or young person during seclusion.
- A senior member of staff should also attend to undertake an additional dynamic risk assessment of the incident and the response.

- If seclusion involves a physical restraint, the safeguards outlined for physical restraint should be followed.
- **The child or young person must never be left unsupervised.** Wherever possible, staff should remain in the same space the child or young person to help them regulate their emotions and behaviour in order to bring the period of seclusion to an end.
- Staff must be able to see and interact with the pupil at all times if out with the room. Efforts should be made to maintain positive communication with the child or young person for the duration of the seclusion. However, if the child communicates that they would prefer no interaction from staff, this should be respected but staff must still be able to discreetly observe the pupil for the purpose of safety.
- As soon as the immediate risk of significant harm has passed, the child or young person should be free to leave the space they are in and should be offered support to return to an appropriate space.

Post-Restraint/Seclusion

Following a restraint/seclusion the following process should be followed:

- Support the child or young person as much as possible. All staff involved should be included in the debrief that **must** take place following the use of restraint.
- This should always involve an immediate health, safety and wellbeing assessment of the child or young person who was restrained and anyone else who may have been injured.
- Any specific post-restraint support identified in the child or young person's support plan should be followed as soon as possible after the restraint ends.
- Children and young people and staff should have the opportunity to take part in a post incident restorative activity to repair relationships and process what has occurred. However, this should only happy when all feel composed and safe enough to participate. Additionally, some children and young people may not be able to participate in a reflective process due to their stage of cognitive development.
- Children and young people should have the opportunity to discuss the incident and staff should explain the reason the restraint/seclusion occurred in order to maintain the safety of all involved.
- Preventative approaches must be considered following the use of restraint/seclusion to ensure this does not become a regular occurrence in a child or young person's school life.
- If seclusion is being used frequently, an urgent assessment of the child or young person's support and a review of their plan should be undertaken to enable immediate steps to be taken to prevent its re-use. Consultation with Educational Psychology and Inclusion Co-ordinator should be considered.

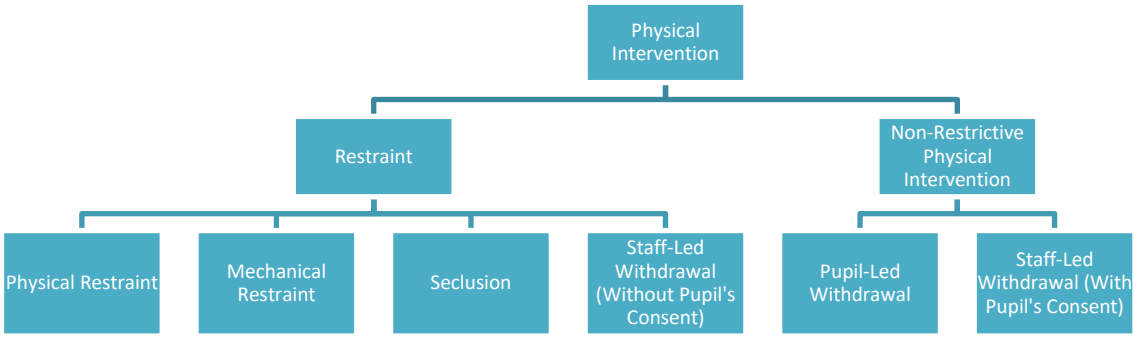
Parents and carers must be notified of the use of restraint as soon as possible after the incident and within 24 hours of the event.

Reporting, Recording and Monitoring Restraint

All uses of restraint must be accurately recorded, monitored and reported.

Following any use of restraint, post incident support and learning review should also take place.

The recording paperwork should be completed using the examples provided for guidance. Staff should take care to use **factual, non-emotive language** to describe the reason for the restraint or seclusion detailing the risk and staff responses.



Any use of physical intervention, including seclusion, must be logged on the appropriate form and submitted to Learning and Raising Standards[1] within 24 hours. The Head Teacher at St Ninian's Primary must be made aware of any incidents and paperwork.

Monitoring and Reporting

Regular monitoring and reporting at all levels is required to support the implementation of this policy.

Key responsibilities are:

At School and Service Level

- The Senior Leadership Team at St Ninian's Primary are responsible for facilitating communication between staff and authority CPI Safety Intervention lead trainers and are required to ensure that appropriate records are maintained and incidents are reported to Learning and Raising Standards within 24 hours.
- The Head Teacher is required to ensure that all CPI Safety Intervention trained staff receive annual refresher training opportunities to ensure that all staff are working within the legal framework outlined by the Management of Health and Safety at Work Regulations (1999) and so as set out in the British Institute of Learning Difficulties (BILD) compliance manual.
- The Senior Leadership team are responsible for ensuring a timely de-brief takes place with all staff involved after an incident restraint or seclusion.

Authority Safety Intervention Co-ordinators

- To provide training opportunities for all Educational Services staff as required;
- To provide support and advice to establishments with regards to risk behaviour;
- To carry out Restraint Reviews and advise schools accordingly;
- To report fortnightly to Inclusion Monitoring Group around restraints and actions to be taken; and
- To discuss returns and statistics to the Inclusion Monitoring Group regarding training demands, use of CPI Safety Intervention techniques within the authority.

At Authority Level

- To work with schools to develop a culture where the use of CPI Safety Intervention techniques is minimised by building capacity within the staff team to de-escalate risk behaviour;

[1] Learning.RaisingStandards@south-ayrshire.gov.uk

- Analysis of statistics and data quarterly through Inclusion Monitoring Group and development of performance indicators that are outcome focused;
- To use the self-improvement process to monitor and evaluate the outcomes from the school, or Care Inspectorate visits to evaluate the service improvement plan, with regard to the use of CPI Safety Intervention techniques; and
- To ensure all schools are working within the legal framework.

Risk Assessment Form

Under Health and Safety legislation, headteachers and managers are responsible for ensuring that appropriate risk assessments are carried out as part of their overall health and safety procedures.

The following form allows for the assessment and management of expected risks for children and young people who present risk behaviour. In completing the form, account must be taken of both the specific risks posed by the individual child or young person, as well as the risks towards any child or young person who may require physical intervention or seclusion.

Each child or young person has their own history and personality, which will result in different reactions to stress and other situations. These individual differences must be reflected in the way their risk is assessed and behaviour managed.

If a child has developed a pattern of risk behaviour, a risk assessment should be completed and shared with all relevant staff. They should be reviewed in line with Staged Intervention Plans or as necessary. This should form part of any transition materials.

The risk assessment form can be found at Appendix 5.

Recording of Restraint and Seclusion Incidents Paperwork

The restraint and seclusion incidents paperwork can be found at Appendix 2.

Staff Training

Effective care and learning can only happen in an environment where positive trauma informed and nurturing relationships are fostered and where partnership working between staff and children or young people and parents is promoted and supported.

Staff members play a major role in developing this partnership by utilising their skills to manage the children or young people effectively. These skills include those of effective planning and organisation, and those of preventing, minimising and managing potentially risk situations.

Educational Services offer training to support staff in developing these skills through the COAST system. It is essential that SLT continue to support their staff to complete modules and attend events.

Where there are concerns about the possibility of risk behaviours, managers must ensure risk assessments are carried out to identify potential risk situations and appropriate strategies to attempt to prevent these situations occurring, thus minimising the need for staff to employ physical intervention or seclusion. This may include offering training to staff in de-escalation and/or CPI Safety Intervention for specific staff to minimise the risk of harm.

In settings where such training makes a significant contribution to ensuring the safety of staff and pupils, job specifications may include the need to undertake this training. Where staff are unable to undertake this training, further consideration will be given to their deployment within the service.

South Ayrshire Council Educational Services provide training for identified staff in CPI Safety Intervention in order to manage risk behaviours. Staff receiving the training are responsible for ensuring training remains up to date and is refreshed annually. Safety Intervention techniques must not be shared with staff members who have not undertaken the relevant training.

Both individual members of staff and South Ayrshire Council are vulnerable to legal action if staff use the CPI Safety Intervention methodology without valid and up-to-date accreditation.

This policy will be issued to all Educational Services establishments and should be reflected in individual establishment policies.

Staff members who have taken all reasonable measures in line with this policy can be assured of South Ayrshire Council support.

Links to Other Policies and Procedures

It is important that there is clarity and consistency regarding how staff manage situations where restrictive physical intervention including seclusion becomes necessary.

It is important to ensure that any action will be part of a process following risk assessment and effective planning and that this policy is read and implemented in conjunction with the following documents:

- Risk and Safety Standard on Violence and Aggression at Work;
- Risk and Safety Standard on Risk Assessment;
- Child Protection Inter-Agency Guidelines;
- Health and Safety Policy;
- Employee Health and Attendance Procedure;
- Occupational Stress Toolkit; and
- Guidance on Lone Working.

Incidents of Violence and Aggression Reporting

South Ayrshire Council has procedures for reporting violent or aggressive incidents. Staff know of these arrangements and are encouraged to complete online forms.

Staff should report incidents of Violence and Aggression Against Teaching Staff and Non-Teaching Staff in Educational Establishments (JNCT 24) online through the Core[2].

Wellbeing Plan

A wellbeing plan will be completed for any pupils who consistently display distressed behaviour. These should be shared with all staff working with the pupil to ensure support is consistent and bespoke to the needs of the child.

The wellbeing plan can be found at Appendix 4.

This policy was updated in August 2026 based on the updated SAC Management Guidelines. It will be reviewed annually.

[2] https://thecore.south-ayrshire.gov.uk/article/25532/Violence-and-aggression-reporting-form-Education

Appendix 1 – Legal Framework for Restraint in Schools

It is important to note that there are absolute legal prohibitions that apply to the use of restraint. These are summarised in the Equality and Human Rights Commission's Framework for Restraint, which notes that it is never lawful to use:

- Restraint with intent to torture, humiliate, distress of degrade someone;
- A method of restraining someone that is inherently inhuman or degrading or which amounts to torture;
- Physical force (such as physical restraint) as a means of punishment; or
- Restraint that humiliates or otherwise subjects a person to serious ill-treatment or conditions that are inhuman or degrading.

Education authorities should ensure that restraint is only used as a last resort, to prevent harm, with the minimum necessary force, and for the minimum necessary time. In practice, the principle of last resort means that restraint should only be considered where no less restrictive options are viable.

Equality Act 2010

Under the 2010 Act, education providers have a duty to make reasonable adjustments for disabled children and young people and must not discriminate against a child or young person in the provision of education, or by subjecting a child or young person to 'any other detriment'. Discrimination can also arise when a child is treated unfavourably because of something that arises from their disability. The consequences of a disability included anything that is the result, effect or outcome of a child or young person's disability. This can include a child or young person's distressed behaviour if it arises from their disability.

Unfavourable treatment, such as physical restraint, will not amount to discrimination arising from disability if the school can show that the treatment is lawful and proportionate.

However, the Equality and Human Rights Commission technical guidance (5.3858) states that, in a case involving disability, if a school has not complied with its duty to make relevant reasonable adjustments, it will be difficult for it to show that the treatment was proportionate. Reasonable adjustments for a child or young person's distressed behaviour arising from their disability would include the consideration and use of less restrictive or preventative approaches and de-escalation or co-regulation strategies, before a physical restraint is used.

Education providers must therefore ensure that they comply with the provisions of the 2010 Act in relation to any use of physical restraint in schools.

Duty of Care

Education providers owe a duty of care to their pupils and staff in relation to their physical wellbeing. They have a duty to take reasonable care to prevent any harm that can be foreseen. Similar duties are placed on education providers under Health and Safety legislation. This policy highlights the preventative approaches that can be taken to meet the needs of children and young people and lower the risk of harm to themselves or others arising from distressed behaviour. It also highlights the de-escalation and co-regulation strategies that should be considered ahead of restraint if an unexpected risk of harm arises. Nevertheless, it is accepted that there are situations when the use of restraint may be the only viable option available to staff to prevent a greater injury or harm.

A person entrusted with the care of a young child may be required to restrict the child's actions to ensure their welfare and safety. If the restraint is consistent with ordinary acceptable

parental restrictions upon the movements of a child of that age and understanding this will generally be lawful.

Protection from Assault

The criminal law of assault is relevant to the use of physical restraint in schools. The common law crime of assault, in short, is a deliberate attack upon another person whether or not actual injury is inflicted. No particular degree of force is required. What matters in the context of restraint is the question of intent. Restraint, if used inappropriately, excessively or harmfully, could result in a charge of assault being brought.

Human Rights Act 1998

Under the Human Rights Act 1998, public authorities can only interfere with a child or young person's Article 8 rights (the right to respect for private life, which includes respect for physical integrity), where it can demonstrate that its action is lawful, necessary and proportionate in order to:

- Protect national security;
- Protect public safety;
- Protect the economy;
- Protect health or morals;
- Prevent disorder or crime; or
- Protect the rights and freedoms of other people.

Any physical restraint would have to meet this test.

Standards in Scotland's Schools etc. Act 2000

Section 16 of the Standards in Scotland's Schools etc. Act 2000 prohibits corporal punishment in schools and subsection (4) is relevant to the use of a physical restraint:

16. No Justification for Corporal Punishment

(…)

(4) Corporal punishment shall not be taken to be given to a pupil by virtue of anything done for reasons which include averting:

a) An immediate danger of personal injury to; or
b) An immediate danger to the property of, any person (including the pupil concerned).

Legal Framework for Seclusion in Schools

In addition to key aspects of the legal framework outlined for restraint, there are a number of human rights protections relevant to the use of seclusion. Of particular relevance is the legal framework surrounding deprivation of liberty.

Under Article 5 of the ECHR (incorporated by way of the Human Rights Act 1998), everyone has the right to liberty and security of person. No one shall be deprived of their liberty save in certain circumstances, set out in Article 5, and in accordance with a procedure prescribed by law.

In contrast, restrictions of movement may be permissible. It must be acknowledged that in the school context, as in other areas of children's lives, some restrictions of movement are normal and desirable, for example in the interests of children's safety.

A deprivation of liberty can occur where a person is confined to a place that they cannot leave.

There is no legal process for authorising a deprivation of liberty in the school context. As such the use of any act which amounts to a deprivation of liberty would not be in accordance with the law and may be legally challenged.

United Nations Convention of the Rights of the Child

- ***Article 2 (Non-Discrimination)***
- ***Article 3 (The Best Interests of a Child)***

Article 3 (1) is relevant to all decision making in this area in stressing that in all actions concerning children, the best interests of the child shall be a primary consideration.

- ***Article 12 (Respect for the Views of the Child)***
- ***Article 19 (Protection from Violence, Abuse and Neglect)***
- ***Article 23 (Children with a Disability)***
- ***Article 24 (Health and Health Services)***
- ***Article 28 (Right to Education)***
- ***Article 29 (Aims of Education)***
- ***Article 37 (Inhumane Treatment and Detention)***
- ***Article 39 (Recovery from Trauma and Reintegration)***

Article 37 (b) also sets out the principle that no child shall be deprived of their liberty unlawfully or arbitrarily. The detention of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time.

- ***Article 39 (Recovery from Trauma and Reintegration)***

United Nations Convention of the Rights of Persons with Disabilities (UNCRPD) (Convention on the Rights of Persons with Disabilities (CRPD) (United Nations Enable)

- ***Article 5 (The Right to Equality and Non-Discrimination)***
- ***Article 7 (The Right of Disabled Children to Enjoy all of their Rights and Freedoms)***
- ***Article 14 (Prohibits Unlawful or Arbitrary Deprivation of Liberty)***

Article 14 (1) (Liberty and Security of Person) sets out that state parties should ensure that persons with disabilities are not deprived of their liberty unlawfully or arbitrarily, and that any deprivation of liberty is in conformity with the law, and that the existence of a disability shall in

no case justify a deprivation of liberty.

- ***Article 15 (Prohibits Torture or Cruel, Inhuman or Degrading Treatment or Punishment)***
- ***Article 17 (The Protection of Physical and Mental Integrity)***
- ***Article 24 (The Right to Education)***

Appendix 2 – Restraint Paperwork

Report for Recording Incidents where you Restrain a Child:

Part 1A (Fill this in immediately after the incident and no later than 24 hours afterwards)

Are you reporting a:

Restraint Only	**Seclusion Only**	**Restraint & Seclusion**
☐	☐	☐

Name of Establishment: _____

Child's Name: _____ **Date of Birth:** _____

Scottish Candidate Number: _____

Does the child have an Additional Support Need? (Please Highlight if applicable):

ADHD	ASN	Attendance	Autism	Care Experienced	DLD	Diagnosis Being Assessed	Nurture/ Trauma	Other (Specify)

Day and Date of Incident: _____ **Time of Incident:** _____

Place of Incident: _____

Adults Involved: _____

Other Children Involved: _____

Witness to Incident: _____

(If appropriate attach witness statements)

Events Leading to Incident	
(What was happening for the child before the incident? What seemed to trigger the behaviour? Who else was involved or present?)	

Behaviour of Child

(What behaviour alerted you that the child was struggling to cope?)	

Response from Adults	
(Which techniques did you use to de-escalate the situation? Before restraining the child, what was the response from them and others?)	

Reason for the Restraint or Seclusion	
(What was the specific risk to the welfare of the child or others?)	

Description of Restraint or Seclusion			
Category of Hold (highlight all that apply)			
Seclusion	**Low Level**	**Medium Level**	**High Level**
(What method or type of hold did you use and were there any complications that arose during the restraint?)			
How long did the restraint/seclusion last?			

Conclusion of Restraint or Seclusion	
How did the restraint come to an end, and what help and support did you offer to the child?)	

Medical or Health and Wellbeing Considerations	
Were there any medical/health issues that affected the decision making around risk of holds/seclusion?	

Can you confirm parents were informed within the school day and no later than 24 hours after the restraint/seclusion?

Yes	No

Date/Time: _____

Can you confirm a debrief has taken place or been scheduled to support staff and pupils?

Yes	No

Date/Time: _____

Staff Signature: _____ **Date:** _____

Restraint/Seclusion Review and Reflection
Carried out with Central PT Cpi Instructor to support staff and the child and investigate if there are any changes that can be implemented to reduce risk of further holds or level/time of a required hold.

Reviewer Signature: _____ **Date:** _____

Appendix 3 – Restraint Paperwork – Guidance Notes

Report for Recording Incidents where you Restrain a Child:

Part 1A (Fill this in immediately after the incident and no later than 24 hours afterwards)

Are you reporting a:

Restraint Only	**Seclusion Only**	**Restraint & Seclusion**
☐	☐	☐

Name of Establishment: _____

Child's Name: _____ **Date of Birth:** _____

Scottish Candidate Number: _____

Does the child have an Additional Support Need? (Please Highlight if applicable):

ADHD	ASN	Attendance	Autism	Care Experienced	DLD	Diagnosis Being Assessed	Nurture/ Trauma	Other (Specify)

Day and Date of Incident: _____ **Time of Incident:** _____

Place of Incident: _____

Adults Involved: _____

Other Children Involved: _____

Witness to Incident: _____

(If appropriate attach witness statements)

Events Leading to Incident	
(What was happening for the child before the incident? What seemed to trigger the behaviour? Who else was involved or present?)	State anxiety/defensive behaviours if witnessed e.g.: • Child arrived unsettled this morning and was reluctant to come into school. • Child appeared more heightened after playtime.

Behaviour of Child	
(What behaviour alerted you that the child was struggling to cope?)	This could be anxiety/defensive/risk behaviour e.g.: • Child became anxious during the maths lesson and put his head on the table. • Child began to shout and swear at staff. • Child was running away from school towards the road.

Response from Adults	
(Which techniques did you use to de-escalate the situation? Before restraining the child, what was the response from them and others?)	Explain steps adults took to support the child and try to reduce risk e.g.: • Calm, supportive chat. • Offered choice, allowed time to child to process, played down the challenge. • Used a disengagement or non-restrictive physical intervention i.e. turned from the road.

Reason for the Restraint or Seclusion	
(What was the specific risk to the welfare of the child or others?)	Detail specific and immediate risk e.g.: • Child hit, kicked, bit child or adult. • Child was biting own arm. • Child ran onto the road when traffic was approaching.

Description of Restraint or Seclusion			
Category of Hold (highlight all that apply)			
Seclusion	**Low Level**	**Medium Level**	**High Level**
(What method or type of hold did you use and were there any complications that arose during the restraint?)	Detail level of hold and time e.g.: • Child was held in a medium level hold which escalated to high as risk increased. • Child was transitioned to the safe space in a medium hold where staff were able to safely disengage. The child was able to be observed at all times by staff to assess safety.		
How long did the restraint/seclusion last?	Clear timings e.g.: • 30 Seconds, Medium Level Hold • 1 Minute, High-Level Hold • 10 Minutes, monitored seclusion		

Conclusion of Restraint or Seclusion	
How did the restraint come to an end, and what help and support did you offer to the child?)	Explain how situation was resolved either ending hold or seclusion e.g.: • After 10 minutes and support from staff the child was happy for them to spend time with them in the safe space. They were then able to leave the seclusion area together.

Medical or Health and Wellbeing Considerations	
Were there any medical/health issues that affected the decision making around risk of holds/seclusion?	Discuss any health issues that affected decisions e.g.: • The child has asthma so additional attention was paid to breathing at all times and hold time was as short as possible and seclusion supports the child in becoming less distressed and helps regulate their breathing. • Due to known trauma and fear of small spaces, staff gave greater consideration to giving the child space and ensuring doors were left open, therefore the safe space was unable to be used for the child.

Can you confirm parents were informed within the school day and no later than 24 hours after the restraint/seclusion?

Yes	No

Date/Time: _____

Can you confirm a debrief has taken place or been scheduled to support staff and pupils?

Yes	No

Date/Time: _____

Staff Signature: _____ **Date:** _____

Restraint/Seclusion Review and Reflection
Carried out with Central PT Cpi Instructor to support staff and the child and investigate if there are any changes that can be implemented to reduce risk of further holds or level/time of a required hold.
To be completed by Central PT when form has been sent to IMG through Learning and Raising Standards mailbox. Copy will be sent to the school for recording.

Reviewer Signature: _____ **Date:** _____

Appendix 4 – Wellbeing Plan

Pupil's Name: _____ **Class:** _____

Stage: _____

Staff Team: _____

Named Person: _____ **Review Date:** _____

Strengths

Daily Support Strategies
(I find these things difficult . . . you can help me by)

Crisis Development
1. **Anxiety** *(when I am anxious I might . . . and you can help me by . . .)*
2. **Defensive** *(When I feel defensive I might . . . and you can help me by . . .)*
3. **Risk Behaviour** *(I might demonstrate risk behaviour when I am distressed by . . . and you can help me by . . .)*

4. **Tension Reduction** *(When my tension reduces I might . . . you can help me by . . .)*

Plan discussed and agreed by:

Pupil: _____ **Date:** _____

Parent: _____ **Date:** _____

Staff: _____ **Date:** _____

Staff: _____ **Date:** _____

Staff: _____ **Date:** _____

Staff: _____ **Date:** _____

Staff: _____ **Date:** _____

Staff: _____ **Date:** _____

Staff: _____ **Date:** _____

Appendix 5 – Health and Safety Risk Assessment Form

Description of Task/Activity		**Directorate**		**Assessor(s)**	
		Service and School			
		Reference No.		**Last Review Date**	

Persons Identified at Risk (Direct and Indirect)
Consider those especially vulnerable (young/inexperienced workers, members of the public, school pupils, the elderly, residents and contractors)
N.B. *New and expectant mothers require a separate risk assessment*

Severity	1. Minor: Near miss incident or minor injury	**Likelihood**	1. Unlikely
	2. Moderate: Injury/Ill health		2. Possible
	3. Major: Serious injury or ill health		3. Likely
	4. Critical: Significant injuries and cases of ill health		4. Very Likely
	5. Catastrophic: Single or multiple fatality		5. Almost Certain

	Hazards Identified	Person(s) at Risk	Types of Loss/Injury/Ill Health	Current Control Measures
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

9.				
10.				
11.				

Risk Rating Number (RRN) with Existing Control Measures					
	Severity	X	Likelihood	=	Risk Rating
HIGH: ☐ High = 12 to 25		MEDIUM: ☐ Med = 4 to 10		LOW: ☐ Low = 1 to 3	

	Additional Recommended Control Measures	Action By	Planned Completion Date	Date Implemented
1.				
2.				
3.				
4.				
5.				
6.				

Risk Rating Number (RRN) with Existing Control Measures					
	Severity	X	Likelihood	=	Risk Rating
HIGH: ☐ High = 12 to 25		MEDIUM: ☐ Med = 4 to 10		LOW: ☐ Low = 1 to 3	

Name of Assessor(s) (Print):		**Assessment Date:**	
Assessor(s) Signature(s):		**Review Date:**	
Designation:		**Assessment Reviewed By:**	

Name of Manager/Person Responsible for Ensuring Above is Implemented (Print):		Comments:
Signature:		
Designation:		

HEALTH AND SAFETY RISK ASSESSMENT GUIDANCE

Hazard Hazard is an event or situation, which has the **potential** to cause harm (loss, damage, injury, ill health, psychological harm, industrial disease or death).

Risk Risk is the **chance**, or **likelihood**, that the harm will occur from a particular hazard.

Examples

i) Faulty wiring is a **hazard**, which could result in the **risk** of electrocution or fire.
ii) Verbal or Physical Abuse is a **hazard**, which could result in the **risk** of injury and/or psychological harm.
iii) Exposure to hazardous substances is a **hazard**, which could result in **risk** or ill health or industrial disease.

We require to estimate how likely a risk is to materialise and how severe the consequences might be, in order to **prioritise** the necessary preventative action.

QUANTIFICATION OF RISK

Estimation of Severity – The severity column should be used to estimate the severity of impact, should the risk arise.

Estimation of Likelihood – The likelihood column should be used to estimate the chance of the risk occurring.

Severity		Likelihood	
1	Minor	1	Unlikely
2	Moderate	2	Possible
3	Major	3	Likely
4	Critical	4	Very Likely
5	Catastrophic	5	Almost Certain

When selecting the '**severity**', we need to consider how the risk would impact in terms of level of loss, injury or ill health. We need to consider what is most probably, rather than what is possible.

When selecting the '**likelihood**', we need to consider the exposure frequency, e.g. dealing with an aggressive customer, as a 'one off' is less likely to have an impact than being exposed to aggressive customers on a daily basis.

Risk Rating = Severity x Likelihood

The Risk Rating Matrix outlined below is a tool with which the risk rating can be classified and is accepted as a means of analysing South Ayrshire Council Health and Safety Risk and whether this is considered to be **HIGH**, **MEDIUM** or **LOW**. Risks rated at **4** or above require to be addressed, in order that they can be reduced to the lowest level reasonably practicable. Those below **4** should be continually monitored and addressed where resources permit.

Risk Rating Matrix

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**

High	12 - 25	Immediate risk reduction required.
Medium	4 - 10	Risk reduction measures required.
Low	1 - 3	Address where resources permit and continue to monitor regularly, as risks can increase over time.