EQUALS TRUST

Orston Primary School

Positive Handling Policy CPI Model (Staff)

Version control

Scope: Applicable to all Trust Schools	
Review date:	September 2027
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Statutory or non-statutory:	Non-Statutory
Author/Reviewer:	CAROL WARD – SEND Lead August 2025

Positive Handling Policy

The Use of Physical Intervention in School.

Introduction

This policy complements the principles and practice of the school's Behaviour Policy and forms part of the wider Safeguarding framework. It is informed by the following legislation and guidance:

- Use of Reasonable Force (DfE, 2013)
- Keeping Children Safe in Education (2024)
- Education and Inspections Act (2006)
- Restraint Reduction Network Training Standards (2019)

Normanton-on-Soar Primary School is committed to creating a safe, secure, and nurturing environment for pupils and staff. Physical contact is appropriate and natural in certain contexts in school, such as providing comfort, support and assistance, or sensory regulation. This policy outlines the use of Restrictive Physical Interventions (RPI), based on the CPI Safety Intervention Model.

Scope

This policy applies to all staff working within Orston Primary School, including during off-site activities.

Aims

- Maintain the safety of pupils, staff, and others.
- Ensure staff understand when and how physical intervention may be used.
- Promote the use of supportive and therapeutic touch where appropriate.
- Clarify procedures for safe and appropriate Restrictive Physical Intervention.
- Protect the rights of both staff and pupils.
- Ensure staff are appropriately trained and supported.
- Promote de-escalation and reduce the need for Restrictive Physical Intervention.
- Ensure compliance with relevant legislation and national standards.
- Embed best practice across the school.

Legal Framework

Under the Education and Inspections Act 2006, all school staff may use force, as is reasonable in the circumstances, to prevent a pupil from doing or continuing to do any of the following:

- committing any offence,

- causing personal injury to, or damage to the property of, any person (including the pupil himself), or
- prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during a teaching session or otherwise.

While parental consent is not required for staff to apply restrictive holds, it is good practice to inform parents proactively if a child may require restrictive physical intervention.

Additional Legal Documentation Reviewed as Part of Forming this Policy:

- Searching, Screening and Confiscation Guidance (DfE, 2022)
- Reducing the Need for Restraint and Restrictive Intervention (DfE & DoH)
- Children and Families Act 2014
- Human Rights Act 1998 & UN Convention on the Rights of the Child

Specialist Training and CPI (Crisis Prevention Institute) Safety Intervention Model

Equals Trust follows the CPI Safety Intervention Model.

At least two designated staff, one of which is SLT, complete certified CPI training in restrictive and non-restrictive techniques. Annual refresher training is provided, and attendance is mandatory. School staff are trained by Carol Ward (Trust SEND Lead) and Jenny Cook (Trust CEO) who are both qualified CPI trainers. Both trainers undertake an annual refresher course with CPI to maintain their qualification and standards. Schools can receive additional training and certification for extra staff, if the needs of their pupils require this.

All relevant staff in school have received additional CPD training in the CPI model and de-escalation techniques to reduce the need for Restrictive Physical Interventions via a staff meeting or Inset.

In emergencies, any staff member may use reasonable positive holds and restrictions, if there is a significant risk of harm.

The Model:

- Restraint and Restrictive Physical Intervention is defined as any intervention restricting liberty of movement for the child.
- Staff use the CPI Decision-Making Matrix to assess risk and determine appropriate interventions (See Appendix 5).
- Restrictive Physical Interventions must be necessary, proportionate, a last-resort and time-limited.
- Holds should be reduced as the pupil regains control and de-escalates.
- No physical intervention intends to cause pain or harm and following these methods the risk of causing accidental harm should be reduced and minimised.

- Staff should try to ensure another member of staff is present, but we accept there may be circumstances where the risk of not intervening outweighs the risk of intervening and a staff member may do so alone.
- Behaviour Support Plans (BSPs) and Risk Assessment (RAs) must be in place for pupils with known risks. See Trust Template in Appendix 2 BSP and Appendix 3 RA.
- In high-risk situations (e.g. presence of a serious weapon), external agencies may be contacted and on occasions with such a prominent level of risk no direct intervention by school staff may be considered safe or appropriate, instead the police would manage the situation.

De-Escalation Procedures

De-escalation is the primary strategy. Staff follow the CPI Crisis Development Model to try to prevent escalation and reduce conflict. See CPI training booklet. Restrictive Physical Intervention is a last resort.

Behaviour Plans and Risk Assessments.

Staff must conduct a dynamic risk assessment using the CPI Decision-Making Matrix before any Restrictive Physical Intervention, where possible. Refer to CPI training materials for guidance. See Appendix 3 for RA template and Appendix 4 for RA Evaluation Form following an incident.

Risk Assessments should be shared with parents and signed by both school and parents. Every time an incident occurs school certified CPI staff (SLT) must review and annotate the RA, as required. The Trust SEND Lead is available to support with this process.

Behaviour Support Plans should be shared and co-produced with parents and reviewed following any changes to provision, behaviours observed, or triggers identified. EHCP content will be reflected in any BSPs.

Trauma Informed Practice

This policy and the CPI approach acknowledge the impact of trauma on behaviour and promotes empathy, emotional regulation, and relational safety.

Staff are encouraged to use trauma-informed approaches aligned with CPI's emphasis on empathy and dignity. See CPI training booklet.

Applying a Restrictive Hold

Children's rights must be respected, and effective communication must be used to convey vital information to them. Pupils must be informed verbally, that to safeguard, a 'positive hold' will be used.

Care should be taken to avoid giving the impression that the member of staff is angry or frustrated or are acting to punish the child. It should be made clear with calm, supportive language that as soon as the need for restriction ceases, it will stop.

CPI certified staff are expected to use only CPI holding strategies.

Medical Exemptions

Staff unable to perform holds due to medical reasons must inform the Headteacher. This information must be shared with relevant staff by the Headteacher.

Reporting and Recording

All incidents involving Restrictive Physical Intervention (Restrictive Holds CPI) must be recorded on CPOMS using the EQT Form “Logging a Behavioural Incident” (Appendix 6).

The Headteacher and CPI-trained staff must be informed immediately and review the form.

The recording of incidents enables incidents to be reviewed by SLT, so that in the future preventable measures can be put in place to avoid the continuation or escalation of aggression.

Post-Crisis Debriefs

A post crisis debrief will strengthen trust for all involved and address any immediate needs of the child in distress, staff, or other pupils. Debriefs should occur within 48 hours of the incident with SLT and CPI certified staff.

After a crisis, it is important to re-establish the relationship with the child to create a sense of calm and safety. Post Crisis, when the child is at a stage of tension reduction, we want to establish therapeutic rapport. We aim to support the child initially in the present and then focus on understanding the past, what happened and how we can adapt the future to reduce the same incident occurring again.

Risk Assessments and Behaviour Support Plans are adapted with the information obtained from staff and pupils.

Accidents and Injuries

With any Restrictive Physical Intervention, there is always the possibility that a member of staff or pupil may be injured. An injury does not automatically assume that someone is to blame or that a hold may not have been performed correctly.

There may be circumstance when a member of staff may have to decide between making an intervention by placing themselves in a hazardous situation or standing back and thereby allowing colleagues or a pupil to face potential hazard. There will always be an element of personal judgement in these decisions and there is the possibility of someone being injured or experiencing pain to some degree.

If an injury occurs, immediate action should be taken to ensure medical help is accessed. It may be necessary only to ensure to that the named first aider is notified and examines the injury.

Individuals who are held in RPIs should be routinely assessed afterwards for any signs of injury by school staff. If a child is hurt, a body map and form (Appendix 1) should be completed with a record of the details of the injury and circumstances. This should be logged on CPOMS and parents/carers should be informed as soon as possible. If the child is LAC, it is essential that the social worker is informed without delay.

If a staff member is hurt, the individual should follow school procedures for reporting and recording an accident.

Staff Wellbeing and Support

Post-incident support for staff is essential. Staff should have access to supervision or counselling if needed.

Debriefs should be supportive and acknowledge the emotional impact of incidents on all involved.

Governance and Oversight

The School and Trust monitors Restrictive Physical Intervention incidents across schools and expects regular reporting to school governors and trustees.

An annual review of incidents and training uptake is conducted by the Trust Inclusion Lead and CPI trainer.

Complaints Procedure

Any complaints or issues regarding a Restrictive Physical Intervention (RPI) should initially be directed to the Head Teacher for investigation. Likewise, where a break of policy may have occurred, the compliant must be brought to the attention of the Head Teacher first.

Pupils and parents will be supported in using the complaints procedure, if required.

Monitoring and Evaluation

The effectiveness of this policy will be reviewed annually and adapted, if required.

Incident data will be analysed to inform training and planning.

Created: September 2025

Appendix 1 - Body Map

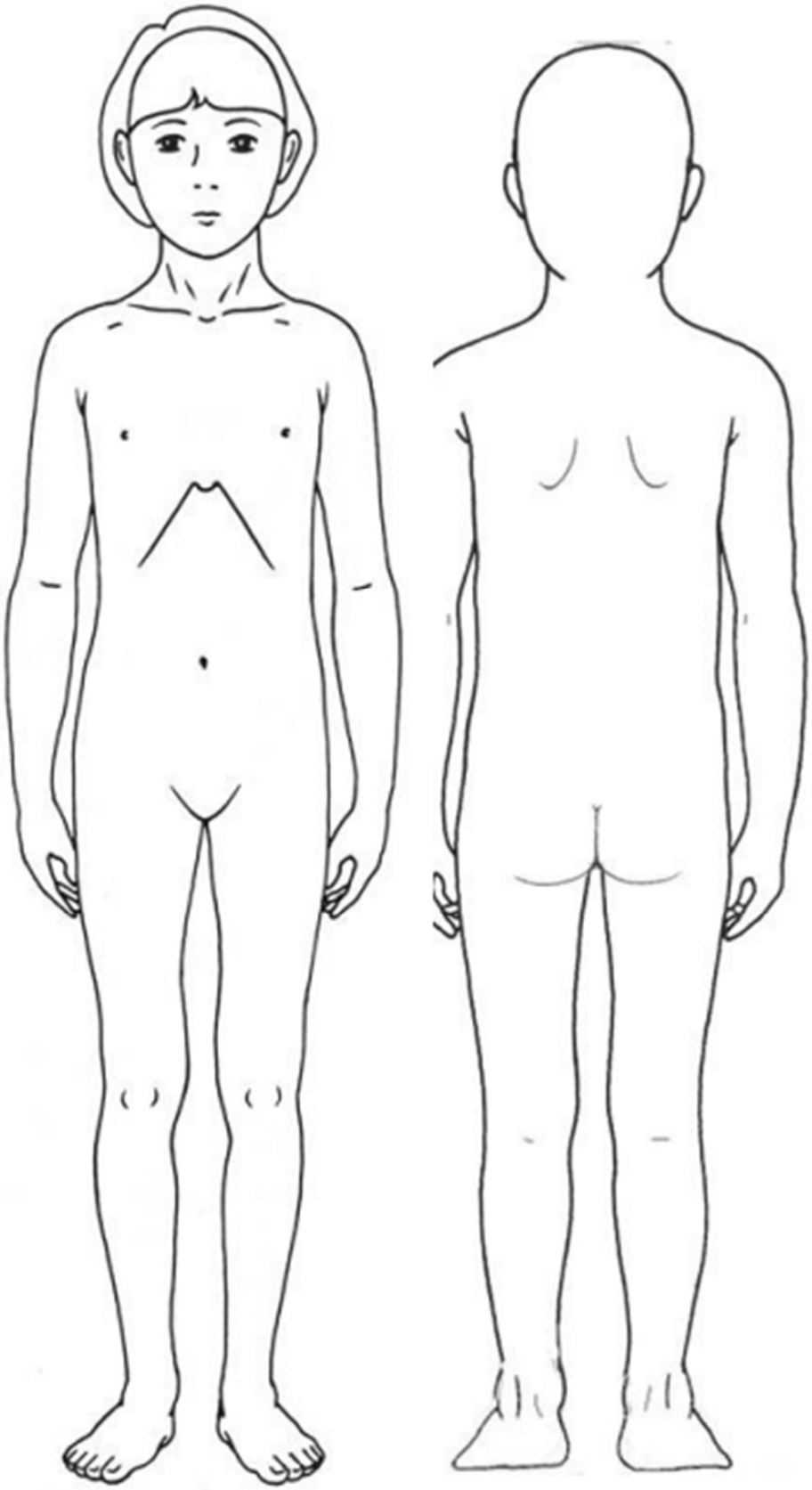
Purpose of this body map

This body map is designed to support staff to accurately record any possible physical injury occurring from a Restrictive Physical Intervention. The body map provides a visual record of injuries.

Using a body map does not replace seeking medical advice, so a diagnosis of the injury and correct treatment should be sought by a medical professional. The body map is simply a record of what can be seen and what has been said about the injury. Please include a description in the concern section and indicate site, size, shape, and colour of lesion/mark.

Child's details			
Frist name		Surname	
Date of birth		Ethnicity	
Any relevant SEND Needs / Health Needs / Physical Needs etc.			
Sex: Male or Female		Date & time form completed	
Person completing the form			
Frist name		Surname	
Role		Organisation	
Headteacher			
CPI Fully Certified Staff (2-day Course)			
Concern			
Nature of the injury Include all relevant background regarding how the injury occurred and a full description to any injuries/marks. *(write here and draw on body map)*		Read alongside Cpoms account.	
What the child said in their own words:			

What the parent/carer said in their own words when informed: *(if applicable)*	
Observations made/professional opinions: *(please make distinction between fact and opinion)*	



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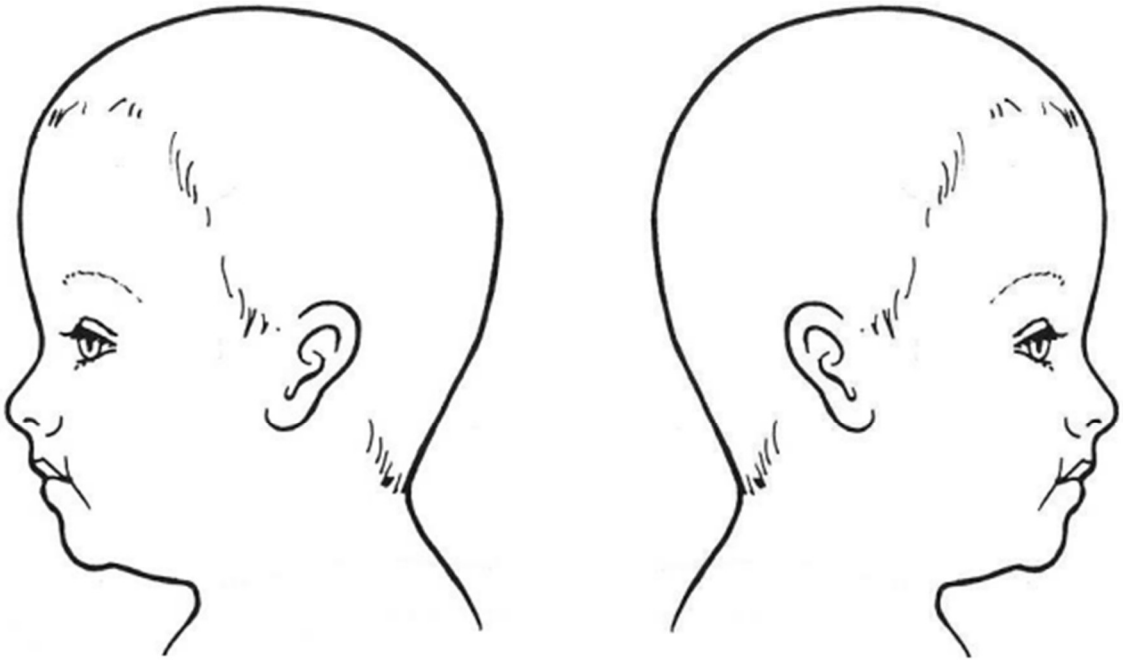

Appendix 2 – Equals Trust Positive Behaviour Plan

Name:	DOB:	Date:	Class / Year:	Relevant Background:
Pupil Strengths			Areas for Development	
Triggers:				
Pro-Active How will adults know that I am ready to learn, calm and relaxed? (5-point Scale)	Active How will adults know that I am becoming dysregulated or anxious?		Reactive How will adults know that I am at crisis point?	Recovery How will adults know that I am returning to a calm state?
What might help me at this stage?	What might help me at this stage?		What might help me at this stage?	What might help me at this stage?
What might make the situation escalate?	What might make the situation escalate?		What might make the situation escalate?	What might make the situation escalate?
Identified Safe Spaces and People:				

Appendix 3 – Equals Trust Risk Assessment Form based on CPI Model.

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Equals Trust Risk Assessment Plan based on CPI Model.

School Name			
Name of Pupil:		**Date of Birth:**	
Identification of Risk – Is the risk potential or actual? (Has there already been an incident in school?)			
Behaviour Plan in Place (linked to 5-point scale)	Yes or No		

Assessment of Risk			**Risk Reduction – Proactive Interventions employed to reduce the risk likelihood or severity of harm.** *E.G Changes to environmental aspects / activity demands / communication etc.* *ALSO SEE BEHAVIOUR PLAN*	**Risk Rating on CPI DMM**			**Early Interventions to Manage Risk CPI Model** *E.G Supportive & Directive Approaches*	**Reactive Interventions to Respond to Adverse Outcomes CPI Model** *E.G Safety Interventions Verbal and Environmental Non-Restrictive Interventions / Disengagements or Restrictive Holds.* Therapeutic Rapport post Crisis.	**Final Risk Rating on CPI DMM**		
Risk	In which situations does it occur?	Who might be harmed and how?		Likelihood	Severity	Risk Rating			Likelihood	Severity	Risk Rating

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Equals Trust Risk Assessment Plan based on CPI Model.

Staff Training:
Required: Yes or No

Identified Training Needs:	Training to be Provided to Meet Needs:	Date Training Completed:

Communicating School Risk Assessment Plan:

Plans and Strategies Shared with:	Communication Method:	Date Actioned:

Assessment Completed by:

Name:		**Role:**		**Signature:**		**Date:**	

Agreed by:

Parent/Carer:		**Relationship to Child:**		**Signature:**		**Date:**	
Staff Member:		**Role:**		**Signature:**		**Date:**	

Appendix 4 – Equals Trust Risk Assessment Evaluation Form

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Equals Trust Risk Assessment Evaluation Form

School Name			
Name of Pupil:		Date of Birth:	

Measures in Place on RA Plan	What was the Effectiveness in Supporting the Child:	How did they Impact on Risk:
Proactive Interventions to Reduce Initial Risk:		
Early Interventions in place to Manage Risks:		
Reactive Interventions to Respond to Adverse Outcomes:		
AGREED ACTIONS FOR THE FUTURE (if required, what will you change/add?):		

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Evaluated by:

Name:		**Role:**		**Signature:**		**Date:**	

Staff Training:

Required: Yes or No

Identified Training Needs:	Training to be Provided to Meet Needs:	Date Training Completed:

Communicating School Risk Assessment Update:

Plans and Strategies Shared with:	Communication Method:	Date Actioned:

Agreed by:

Parent/Carer:		**Relationship to Child:**		**Signature:**		**Date:**	
Staff Member:		**Role:**		**Signature:**		**Date:**	

Appendix 5 – CPI Decision-Making Matrix

The *Decision-Making Matrix*SM

Risk = Likelihood x Severity

Severity of Harm					
Catastrophic Death will occur, or the level of injury will lead to permanent or irreversible ill-health	MEDIUM	HIGH	EXTREME	EXTREME	EXTREME
Major Psychological or physical injury will require treatment leading to long term incapacity or disability	MEDIUM	HIGH	HIGH	EXTREME	EXTREME
Moderate Psychological or physical injury will require treatment and/or lead to medium term incapacity and ill-health	LOW	MEDIUM	HIGH	HIGH	EXTREME
Minor Psychological or physical injury will be non-permanent and/or cause no lasting ill-health	LOW	MEDIUM	MEDIUM	HIGH	HIGH
Negligible Psychological or physical injury will be minimal	LOW	LOW	LOW	MEDIUM	MEDIUM
	Rare Will probably never happen	**Unlikely** Is not expected to happen, but it could	**Possible** Might happen	**Likely** Will probably happen	**Certain** Will undoubtedly happen
	Likelihood of Behaviour				

OVERALL RISK RATING GUIDE (Colour code)			
Green (G)	Yellow (Y)	Orange (O)	Red (R)
Low Risk	Medium Risk	High Risk	Extreme Risk

Refer to CPI training booklet for further details.

Appendix 6 – EQT Logging a Behavioural Incident with a Physical Restrictive Intervention linked to CPI Model.

EQT Form to Support Logging a Behavioural Incident, must be saved on CPOMS.

Date and Time:	
Location within school:	
Staff Involved:	
Pupil (s) Involved:	

What happened before the incident (Antecedent):
(Consider triggers or context – describe observing events leading up to the incident, avoiding assumptions or emotional language).

Staff actions prior to the incident to support de-escalation:

Main Incident:
(Specific behaviours observed. Use objective language e.g., "Pupil threw a chair" rather than "Pupil was aggressive."

Duration:

Interventions Used (CPI) – List CPI strategies used before physical intervention.
Below are suggestions, but it is important that it is an accurate account, so please delete and add accordingly.

Supportive Approaches:
- Acknowledge and empathise with the child.
- Validating and labelling feelings.
- Ask open questions.
- Offer to help.
- Reduce language demands with shorter sentences and allow additional processing time.
- Caring supportive tones.
- Open posture.
- Use of appropriate touch to support for the child.
- Allow child to release (emotional outburst) where possible if no one is in danger.

Directive Approaches:
- Short, direct instructions
- Provide choices for the child.
- Limit setting language e.g. desired behaviour, desired outcome.
- Allow emotional venting but not physical harm to self or others.

- Provide time to let the child process language.
- Assess the level of risk constantly.
- Call for assistance from CPI staff.

Non-Restrictive Safety Interventions:

- Redirecting the child from the area to create safety for others.
- Redirecting others from the area to promote their safety.
- Removing items from the environment that could present harm if used.
- Continuing to layer on supportive and directive strategies.
- Allowing the child to use up their energy with low level defensive behaviours.
- Using a strategy that will be most effective for that child based on their needs, strengths and preferences, e.g., calling for preferred staff members, offering Lego.
- Using a collaborative approach with another staff member or having an additional staff member available if needed.

Disengagement Techniques: Yes or No

If yes, please highlight details of which CPI disengagement was performed and type. E.G.

Pull/Push	**Lever**
Wrist	Wrist
Clothing	Clothing
Hair	Hair
Neck	Neck
Body	Body
Bite	-
A Turnaway: Hold and stabilise and either pull/push turn or lever turn.	

Physical Intervention (Hold) Used (CPI) – only complete this box, if a hold is performed.

Children's Seated (Chair)	Low / Medium or High
Children's Seated (Floor)	Low / Medium or High
Children's Standing	Low / Medium or High
Young Person Seated	Low / Medium or High
Young Person Standing	Low / Medium or High
Team Interventions (2 staff) to walk and move a child.	Medium or High
Team Transitions (2 Staff) – moving to seated from standing	-

Duration of Physical Intervention:

Reason for Physical Intervention, referencing the CPI Decision Making Matrix:

CPI Team Leader during incident:

Outcome of all Interventions Applied: *(Pupils' behaviour after the intervention/s.)*
Injuries / Medical Checks: *(Pupils or staff).*
Follow Up Actions: **Family Informed:** Yes or No. (Give Details of Time and Method) **Staff De-brief Completed:** Yes or No. **Reflections from de-briefing:** **Changes to Risk Assessment:** Yes or No. **Changes to Behaviour Plan:** Yes or No. **Any Next Steps / Actions:**

The *Decision-Making Matrix*SM

Risk = Likelihood x Severity

Severity of Harm						
	Catastrophic Death will occur, or the level of injury will lead to permanent or irreversible ill-health	MEDIUM	HIGH	EXTREME	EXTREME	EXTREME
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	Negligible Psychological or physical injury will be minimal	LOW	LOW	LOW	MEDIUM	MEDIUM
		Rare Will probably never happen	**Unlikely** Is not expected to happen, but it could	**Possible** Might happen	**Likely** Will probably happen	**Certain** Will undoubtedly happen
		Likelihood of Behaviour				