



# Carew Academy Physical Restraint Policy

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# Carew Academy Physical Restraint Policy

Carew Academy has a safer touch policy for day to day contact between staff and students, we also operate a 'restraint as a last resort' policy.

There are 2 types of restraint we use – Full & Guided.

**Full Restraint** is only ever used as a last resort and only:

- When an individual poses a significant risk to self.
- When an individual poses a significant risk to others.
- When an individual causes damage to property that may result in significant risk of harm to self or others.

A **Full Restraint** may be initiated by any member of staff to protect against the above but should be swapped to fully trained staff as soon as possible.

At Carew we use a training program called CPI Safety Intervention (Crisis Prevention Institute) to train staff to be competent and comfortable in de-escalation and restraint in the safest and most effective way possible for the Student and staff restraining. After staff have their initial training course, delivered by our own In-house trainer, they then have refresher training annually, half termly drop-in sessions to ask questions and go over the techniques taught on the course and a full de-brief meeting after every **full restraint**.

A **Guided Restraint** can be used for several non-emergency reasons:

- When an individual needs moving from one area to another.
- When an individual needs restraining for their sensory and/or regulation needs.

A **Guided Restraint** should only be initiated by fully trained staff and should be discussed in advance agreeing a plan of action to best keep everyone safe.

Any **Guided Restraint** that happens more than once should have a **Guided Restraint** plan created that is shared with all staff working with that young person.

When using **any restraint**, staff should be aware of the following:

## TREAT AS IMPORTANT

### Warning Signs

- Shouts and swears at staff to “let go.”
- Attempts to struggle free and/or injure self or others.
- Is hostile or aggressive to self or others.

### Corrective Actions

- Manage the prevailing risk and follow the Opt-Out Sequence<sup>SM</sup>. Consider letting go as soon as possible, or reduce the level of restriction and/or change the position of the person.

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## TREAT AS URGENT

### Warning Signs

- Complains of difficulty breathing.
- Complains of feeling sick and/or vomits.
- Voids bladder and/or bowels.
- Complains of pain or discomfort.
- Limbs positioned awkwardly; not moving within normal range of motion; and/or sounds of crepitus.
- Becomes stressed and/or cries.
- Continually struggles; becomes increasingly hot/flushed/sweaty.

### Corrective Actions

- Immediately assess level of restriction and check to ensure you are not impeding or restricting breathing.
- Check movement of limbs and signs of fracture/dislocation.
- Follow the Opt-Out Sequence<sup>SM</sup> and consider letting go as soon as possible; reduce the level of restriction; and/or change the position of the person so they are seated upright, reclined (recumbent), or in a position that is not impeding or restricting breathing.
- Encourage person to relax and to take sips of a cold drink—assess hydration needs.
- Call for help—an independent person not involved in the physical restraint is often best to assess what is happening and what action needs to be taken.

- Refer person to medical practitioner as soon as possible for further assessment.

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## TREAT AS MEDICAL EMERGENCY

### Warning Signs

- Unresponsive to requests or instructions.
- Loss of or reduced consciousness.
- Abruptly/unexpectedly stops struggling or suddenly calms down.
- Sudden change in breathing pattern.
- Has a seizure of epileptic or non-epileptic origin.
- Blueness of lips/fingernails/ear lobes (cyanosis).
- Tiny pinpoint red dots/bruises (called petechial) on the skin, particularly on the upper chest, neck, face, and around the eyes.

### Corrective Actions

- Call for emergency medical assistance.
- Follow the Basic Life Support (BLS) Algorithm as outlined in national and international resuscitation guidelines.

*\*At any time, if any staff member is concerned about the individual's welfare and safety, they should clearly state "medical emergency." The term "medical emergency" is an instruction for everyone involved in the restraint to immediately let go of the individual and begin the necessary emergency aid.*