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| **Name:** | **Completion Date:** |
| **Environments & Triggers** |
| Describe the situations which have or may lead to a serious incident occurring: |
|  **Behaviour & Risk** |
| Identify and describe the type of behaviour to be managed |
| Verbal Abuse |  | Spit |  | Slap |  | Pinch |  |
| Punch |  | Kick |  | Clothing grab |  | Arm grab |  |
| Body holds |  | Hair grab |  | Neck grab |  | Bite |  |
| Weapons I Missiles |  | Self Harm |  | Other |  |
| Description of behaviour: |
| What is the level of risk associated with the behaviour: |
| Low |  | Medium |  | High |  |
| **Prevention** |
| Describe any changes to routines, personnel or environment which may reduce the likelihood of a serious incident occurring. You may refer to other relevant strategies or procedures e.g. PRN Medication Protocols. |
| **De-escalation – Build Up / Pre-incident** |
|  | **Use** | **Avoid** |  | **Use** | **Avoid** |
| Verbal advice and support |  |  | Contingent Touch |  |  |
| Firm clear directions |  |  | CALM talking / Stance |  |  |
| Negotiation |  |  | Time Out |  |  |
| Limited Choices |  |  | Withdrawal |  |  |
| Distraction |  |  | Consequence |  |  |
| Diversion |  |  | Humour |  |  |
| Reassurance |  |  | Success Reminders |  |  |
| Planned Ignoring |  |  | Other |  |  |
| Describe interests, words, and objects etc which may divert attention from, or diffuse, an escalating situation. You may refer to other relevant strategies or procedures e.g. PRN Medication Protocols. |

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| **Break Away Techniques** |
| Identify the agreed Break Away Technique to be used in response to the specified behaviour. | Agreed / Appropriate Technique | **Use** | **Avoid** |
| From Verbal Aggression |  |  |  |
| From Spitting |  |  |  |
| From Slapping |  |  |  |
| From Pinching |  |  |  |
| From Punching |  |  |  |
| From Clothing grab |  |  |  |
| From Kicking |  |  |  |
| From Arm Grab |  |  |  |
| From Body Holds |  |  |  |
| From Hair Grab |  |  |  |
| From Neck Grab |  |  |  |
| From Biting |  |  |  |
| From Weapons I Missiles |  |  |  |
| From Self Harm |  |  |  |
| From Other |  |  |  |
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| **Restrictive Physical Intervention (RPI)** |
| Identify the agreed RPI to be used in response to the specified behaviour. | **Use** | **Avoid** |
| Steer Away (Caring C’s – One Person) |  |  |
| Friendly Hold (Two Person) |  |  |
| Standing Single Elbow (Two person) |  |  |
| Figure of Four (Two person) |  |  |
| Standing Double Elbow (Two Person) |  |  |
| Sitting Single Elbow (Two person) |  |  |
| Changing Face / Colleague Help Script |  |  |

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| Identify the agreed Restrictive Physical Intervention/s to be used in response to the specified behaviour. Provide a full and comprehensive account of the process of Physical Intervention to be implemented; this may include progression from one RPI technique to another, the maximum duration of RPI, the environment where RPI will be implemented or the personnel who will be involved. |

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| **De-escalation – Mid-incident** |
|  | **Use** | **Avoid** |  | **Use** | **Avoid** |
| Verbal advice and support |  |  | Contingent Touch |  |  |
| Firm clear directions |  |  | CALM talking / Stance |  |  |
| Negotiation |  |  | Time Out |  |  |
| Limited Choices |  |  | Withdrawal |  |  |
| Distraction |  |  | Consequence |  |  |
| Diversion |  |  | Humour |  |  |
| Reassurance |  |  | Success Reminders |  |  |
| Planned Ignoring |  |  | Other |  |  |
| Identify and describe the de-escalation process to be used mid-incident. Include strategies to reduce levels of aggression, behaviours which indicate that the person is beginning to calm and the process for physical disengagement if RPI is in use. |

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| **De-escalation – Post-incident** |
|  | **Use** | **Avoid** |  | **Use** | **Avoid** |
| Verbal advice and support |  |  | Contingent Touch |  |  |
| Firm clear directions |  |  | CALM talking / Stance |  |  |
| Negotiation |  |  | Time Out |  |  |
| Limited Choices |  |  | Withdrawal |  |  |
| Distraction |  |  | Consequence |  |  |
| Diversion |  |  | Humour |  |  |
| Reassurance |  |  | Success Reminders |  |  |
| Planned Ignoring |  |  | Other |  |  |
| Identify and describe the de-escalation / ongoing management process to be used post-incident. Include strategies to be used to support the Service User immediately after an episode of violence or aggression, this may include the appropriate time and place to review or discuss the incident or necessary changes to routine within a specified period of time. |

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| **Contra Indications regarding the use of Restrictive Physical Interventions** |
| Following observation or assessment have any reasons why specific types of Restrictive Physical Intervention should not be used with the person? Describe. |
| Health |  |
| Other |  |
| **Restrictive Physical Interventions Not to Be Used** |
| As a result of the Person’s health or past experiences are there any Restrictive Physical Intervention techniques which should not be used with the individual? |
| Technique Not To Be Used | Reason |
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| **Post-incident Recording** |
| Identify all records to be completed post-incident. | Yes, No, N/A |
| Serious Incident Record |  |
| P25 |  |
| Body Chart |  |
| S/U Debriefing |  |
| ABC Record |  |
| Service User Daily Record |  |
| Other (Specify) |  |
| Other (Specify) |  |

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| **Post-incident Information Sharing / Notification** |
| Identify all persons / agencies to be notified post-incident and the reporting format to be used. |
| To | Yes, No, N/A | Reporting Detail & Format |
| Parent / NOK |  |  |
| Police |  |  |
| Social Worker / Comm. Nurse |  |  |
| Other Cumbria Care Service |  |  |
| Other Social Care Service |  |  |
| CQC |  |  |
| Safeguarding Team |  |  |
| Senior Managers |  |  |
| Other |  |  |
| **Stakeholder Comment**The views or comments of the identified Stakeholders regarding the use of Restrictive Physical Intervention or the content of the Individual Positive Handling Plan must be recorded below, where no comment is made then this should be recorded: |
| Service User |  |
| Parent, Carer, Family Representative or advocate |  |
| Cumbria Care County Manager |  |
| **Positive Handling Plan – Development** |
| Completed By | Position / Role | Signed | Date |
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| **Positive Handling Plan – Agreement / Approval** |
| Agreed / Approved By | Position / Role | Signed | Approval Date |
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| **Positive Handling Plan – Review** |
| Reviewed By | Position / Role | Amendments / Changes Made | Signed | Review Date |
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