POSITIVE BEHAVIOUR SUPPORT (PBS) AND RESTRAINT REDUCTION POLICY

Version:	1.0
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Approval body:	ESLT
Date this version approved:	17th July 2026
Due for review:	Summer 2028

Positive Behaviour Support (PBS) and Restraint Reduction Policy

Introduction

Orchard Hill College and Academy Trust (OHC&AT) is a 'family' of providers, comprising Orchard Hill College (OHC) and Orchard Hill College Academy Trust (OHCAT), which works to provide outstanding educational opportunities for pupils and students with a wide range of abilities, needs and aspirations.

This policy sets out OHC&AT's whole organisation commitment to Positive Behaviour Support principles and to reducing the use of restraint in all its forms. It is written with reference to legislation and government guidance including:

- Behaviour in schools: advice for headteachers and school staff
- Searching, screening and confiscation: advice for schools
- The Equality Act 2010
- Keeping Children Safe in Education
- Suspension and permanent exclusion from maintained schools, academies and pupil referral units in England, including pupil movement
- Restrictive interventions, including use of reasonable force, in schools
- Supporting pupils with medical conditions at school
- Special Educational Needs and Disability (SEND) Code of Practice
- Education (Independent School Standards) Regulations 2014
- Section 89 of the Education and Inspections Act 2006

For the purpose of this policy, the term "students" will be used throughout to refer to all learners across our provision, including where legislation or external guidance may use the term "pupils".

This policy should be read in conjunction with school and College policies on behaviour and anti-bullying, which are available from the Policies page of each provision's website.

This policy complies with our funding agreement and articles of association.

POLICY STATEMENT

OHC&AT recognises **behaviour as communication**; behaviour may communicate a need, emotion, difficulty, preference or response to the environment. Our role is to seek to understand what the behaviour is communicating and to respond in ways that support the student to feel safe, regulated and able to learn and to teach new skills and ways of managing that replace any behaviours of concern.

This principle applies to every student, regardless of age, diagnosis, level of cognition or communication ability.

OHC&AT takes a whole organisation approach to supporting wellbeing and behaviour for learning. We do this through:

- Understanding our students as individuals, with individual strengths and needs, including needs linked to neurodiversity, learning disability, specific learning needs, mental health and emotional needs, and previous life experiences.
- Recognising that all behaviours happen for a reason and to communicate a need, and that it is our job to understand these and support students to express their needs in more positive ways.
- Promoting capable environments which promote student wellbeing, are relationally warm and safe and which remove unnecessary triggers that may cause distress.
- Working with empathy and a commitment to reducing the use of restrictive practices, in line with the principles of equality, maintaining human rights and dignity for all.
- Meaningful co-production with students and families, ensuring that student voice is at the centre of support, curriculum planning and delivery.
- Ensuring all behaviours are understood through the lenses of the individual student's emotional and cognitive development, neurodiversity and/or communication ability to ensure that expectations are appropriate and not harmful or ineffective for the student.

Students' actions should be managed with empathy, curiosity, informed understanding and consistent agreed responses. It is the responsibility of all adults within the OHC&AT community to model and uphold these values, including accessing appropriate training and development and maintaining a reflective attitude to their own practice.

POSITIVE BEHAVIOUR SUPPORT

Within OHC&AT, behaviour for learning is understood as behaviour that enables students to feel safe, regulated, engaged and able to participate in learning and community life. The ways in which this is demonstrated will vary depending on each student's abilities, communication methods and support needs.

Our approach is underpinned by the principles of the Restraint Reduction Network (RRN), ensuring that practice is proactive, preventative, person-centred and least restrictive, with students' rights, dignity, and wellbeing at the centre of all decision-making.

All students are supported to feel safe, regulated, and engaged through:

- Creating capable environments (McGill et al., see Appendix A) that meet communication, sensory, interaction, emotional, and engagement needs.
- Delivering meaningful and engaging learning experiences, adapted to each student's developmental stage and interests.
- Embedding therapeutic and supportive approaches (e.g. Alternative and Augmentative Communication (AAC), sensory and regulation strategies) throughout the day.

- Providing appropriate tools and adaptations to enable students to communicate, participate, and be understood.
- Proactively developing communication, emotional regulation, and coping skills, including through co-regulation where needed.

Within every OHC&AT provision, we will:

- Build safe, trusting relationships and maintain an empathetic, curious culture.
- Ensure student voice is sought, recognised and responded to in all its forms.
- Provide predictable and responsive environments, using consistent and relational approaches.
- Use non-punitive, supportive approaches to behaviour at all times, avoiding practices that may cause harm, fear, or distress.
- Maintain high expectations for participation and inclusion, celebrating progress in ways that respect individuality.

We also ensure that:

- Staff understand each student through shared knowledge, up-to-date plans, and reflective practice.
- Proactive strategies are prioritised, with restrictive practices used only as a last resort, for the shortest time possible, and in line with legal and ethical frameworks.
- Data analysis and review are used to understand patterns of behaviour and improve support.
- Provision staff work in partnership with families and multi-disciplinary teams to provide coordinated support.
- There is an ongoing commitment to reducing restrictive practices and improving quality of life.

OHC&AT recognises that the most frequent reasons (function) for behaviour include:

- **Access to tangible reinforcement:** the behaviour tends to result in the person gaining something, such as food, drink, a preferred item or activity etc.

- **Social attention/interaction**: the behaviour tends to result in people interacting in some way with the person (this can be both positive and negative attention).

- **Self-stimulation**: the behaviour is not socially mediated and tends to result in some form of self-stimulation for the person to alert or relax themselves.

- **Escape/Avoid**: the behaviour tends to result in people backing off/removing demands and generally leaving the person alone or escaping/avoiding situations or conditions that may be aversive.

- **Pain:** the behaviour helps relieve either a physical or emotional pain.

Effective solutions will enable the student to meet that same need or function in a way that is more positive for them and enables greater participation in learning and social situation; for example, a student who is becoming dysregulated in a hot and noisy environment may use a symbol, hand sign or scripted sentence to request to leave, rather than being driven to abscond due to overwhelm.

Use of language

Leaders and staff will at all times seek to use objective and respectful language about our students and their families and avoid language that 'others' people, is subjective or pejorative. This includes language that ascribes the behaviour as an identity, e.g. "[student] is a biter / runner / absconder".

Some examples of unacceptable terms and potential alternatives are given below.

Language which is disrespectful, misleading or which labels students	**Factual & respectful language**
Challenging behaviour / behaviour that challenges	Behaviour of concern / distressed behaviour / anxious behaviour
Aggressive, violent, attacks	Causes harm to others (and describe actual behaviour - "kicks ankles")
Kicking off	Just describe the behaviour, e.g. "biting the back of his hand"
Non-compliant / stubborn / oppositional/ defiant	Did not / was not able to follow instruction Struggling to follow the request or expectation
Attention seeking/ trying to get a reaction	Seeking connection / attempting to communicate a need in the way available to them
Manipulative, controlling	Attempting to gain control of the situation / Seeking predictability or control in the situation
Tantrum / meltdown	Distressed / overwhelmed / dysregulated

Staff should avoid language that assumes intent or motivation. Instead, we seek to understand what the behaviour may be communicating.

We recognise that parents may use different terms and respect their right to do so, without changing our approach.

Celebrations and rewards

OHC&AT provisions celebrate the achievements of all students. We can and should always celebrate what has gone well, even on days where dysregulated behaviour has occurred.

Any system of rewards should recognise that the long-term aim must always be to encourage children and young people towards positive behaviour because of their sense of right or wrong and/or because of their self-esteem and self-satisfaction. It

should also be meaningful for the students in the school or College provision; for some, a structured system of recognising achievements will be appropriate, whereas for others (e.g. those with limited language comprehension) this may lack meaning. Reward systems will recognise the individual profiles of students and celebrate their individual achievements rather than being linked to the achievement of neuronormative behaviours (e.g. sitting still, giving eye contact).

Rewards will never be withheld for punitive purposes. There may be occasions when a student cannot access a reward as a result of behaviours of concern, but this will be solely based on safeguarding and wellbeing considerations rather than to 'punish' a student.

Provision-wide reward systems may not be appropriate where:

- Students lack verbal understanding and don't understand the reward system.
- There are not robust capable environments and individualised support plans in place alongside a reward system.
- The conditions outlined in the reward system are unattainable or not meaningful to the student.
- The presence of such systems disengages or is aversive to the students it is being used with.

Responding to behaviours of concern

We believe, in line with a human rights-based PBS approach (Gore et al, 2022) that behaviours of concern, which may indicate distress, frustration or represent the individual's best way to request help, should never be met with punitive approaches. Applying sanctions or punishments does not address the underlying need for the behaviour; they are often ineffective as a result and risk punishing young people who are in distress.

In responding to behaviours of concern, we will work with the student and family to:

- Analyse and understand why the behaviour presents.
- Collaboratively develop positive solutions through environmental adaptations or support strategies.
- Explore alternative ways for the student to manage the behaviour through individual or curriculum teaching, feedback and monitoring, so that students are equipped with skills that will support them in life.

Natural consequences may be used as a teaching tool to illustrate the impact of a particular behaviour and the benefits of taking an alternative approach. In certain situations, for example where there is an immediate safeguarding risk to students or staff as a result of a behavioural incident or where safeguarding issues come to light as a result of a behavioural incident, it may be necessary to consider a judicious use of suspension, in line with the Suspension and Permanent Exclusion Policy or to involve the police.

OHC&AT staff will work with police, families and pupils/students to ensure the safety of everyone within the school community.

OHC&AT will never use deliberately harmful punitive sanctions, corporal punishment of any kind, or approaches that demean or seek to distress students.

RESTRICTIVE INTERVENTIONS, INCLUDING PHYSICAL RESTRAINT

Where restrictive physical interventions are concerned, there are clear guidelines from government regarding the use of reasonable force. All members of school staff have a legal power to use reasonable force, as well as 'people whom the Principal has temporarily put in charge of students such as unpaid volunteers or parents accompanying students on a school organised visit'.

In line with DfE guidance on Restrictive Interventions, including use of reasonable force in schools, we understand that restrictive practices may not always involve physical use of force. The DfE defines these practices as:

Restrictive intervention: *a means to prevent, restrict, or subdue movement of the body, or part of the body, of a pupil. The guidance uses 'restrictive interventions' as the umbrella term to describe both* ***physical and non-physical*** *actions aimed to restrain students in different ways.*

Restraint: *a term used in legislation referring to a non-disciplinary intervention which immobilises a pupil or limits their movement. This may or may not include direct physical contact and includes both "restraints" and "guides" (unless physical support is being offered purely for mobility reasons only).*

We recognise that the use of restraints and restrictive practices can introduce trauma or retraumatise students, both when used in one off incidents or when over-used over time to "manage behaviour" (e.g. reliance on fobbed doors to prevent students being able to leave a noisy room freely). We understand that safeguarding is our first priority, but also that at times our good intentions to keep students safe unnecessarily restricts their freedoms and could cause long term harm. We aim to carefully balance our responsibility to keep students safe with the promotion of their human rights, agency and wellbeing.

We recognise, in line with national research, that restraints are used much more frequently with:

- People with a learning disability
- Autistic people
- Children
- Black and ethnic minority groups
- People from deprived areas and low socio-economic status.

Hence, in line with equalities legislation and DfE guidance, we aim to reduce this inequality through our use of:

- High quality, individualised support, underpinned by a PBS framework that understands why behaviours occur in the first place.
- Proactive, multi-disciplinary support strategies and PBS plans.

- Effective data collection and analysis to ensure transparency and proactive actions where this is needed.

OHC&AT is a signatory to the Restraint Reduction Network pledge to reduce the unnecessary use of restrictive practice, whose definition of restrictive practices is "Making someone do something they don't want to do, or stopping someone doing something they want to do".

Hence, we align our definition of Restrictive Practices with that of the Restraint Reduction Network to include:

Definitions of restrictive interventions	
Physical restraint	Any direct physical contact that restricts or subdues movement of the body or part of the body of another person.
Chemical restraint	Use of medication to control or subdue or get someone to comply. Chemical restraint will always be prescribed by a psychiatrist and student's support plan will contain clear guidance about the indicators for its use; potential side effects and support after incident.
Environmental restraint	The use of obstacles, barriers or locks to prevent a person from moving around freely.
Seclusion	The supervised confinement and isolation of a person, away from others, in an area from which the person is prevented from leaving.
Psychological restraint	Using communication strategies to make a person do something they don't want to do or stop them from doing something they do want to do.
Mechanical restraint	The use of a device to prevent, restrict or subdue movement of a person's body, or part of the body.
Cultural restraint	Using dominant social and cultural norms to make a person do something they don't want to do, or stop them from doing something they do want to do. This might include: • Stopping a person from expressing their cultural views. • Stopping someone doing something that is important to them, their values, ethnicity and/or culture. • Making someone feel ashamed, inferior and/or humiliated because they are different to someone else. • Neuro conformity practices that apply the societal pressure on all individuals to process, communicate, and behave in a "neurotypical" manner
Technological restraint	The use of surveillance devices to monitor a person's actions with the purpose of preventing them from doing something they want to do or making them do

	something they don't want to do. *NB: observations can also be regarded as a restrictive practice.*
Blanket restrictions	Rules that apply to everyone regardless of individual risk e.g. strict uniform rules; no eating in class; requirement to display neuro-typical "expected learning behaviours".

OHC&AT settings aim to undertake a review of restrictive practices used on an annual basis and develop an implementation plan, to ensure that all students learn in the least restrictive environment possible to uphold their human rights and support independence.

All students who may be at risk of displaying behaviours of concern that may:

- Cause harm to self or others
- Cause significant damage to property

will have a risk assessment and a behaviour support plan, focusing on proactive strategies to prevent the likelihood of the behaviour occurring and which is underpinned by a robust understanding of why the behaviour happens.

OHC&AT will always seek to manage behaviours of concern in the least restrictive way possible, understanding that the more we increase restrictions on people, the more likely it is that behaviours will escalate.

Physical restraint will ONLY be used:

- Rarely and as a last resort
- When all other possible alternatives have been considered
- As part of a 'total response' to the student's behaviour (i.e. not in isolation)
- When the purpose of physical restraint is to restore safety
- When it can be justified as being in the paramount interests of the student and/or when the student is considered to be in immediate danger of harming self or others
- By staff who have been fully trained in positive behaviour support and appropriate de-escalation techniques
- When it can be justified as a reasonable and responsible way of responding to a student's severely dysregulated behaviour.

The use of force is reasonable if it is **appropriate to the consequences it is intended to prevent.** This means that the degree of force used should be no more than is needed to achieve the desired results.

A CPOMs report must be completed and an alert sent to a member of the Senior Leadership Team as soon as possible where an incident has included the use of any:

- Physical restraint,
- Non-physical restraint (environmental, mechanical, chemical / medication, psychological restraint)
- Seclusion

Parents/carers must be informed as soon as possible, and in writing on the same day, to let them know a restrictive practice has been used. Evidence of written information being sent must be recorded by the school and saved on the CPOMs entry. A follow-up call to discuss the incident with parents/carers must also be made.

Reporting requirements if a physical / non-physical restraint or seclusion has been used, as a last resort

(Where "must" has been used, this is a statutory requirement under Restrictive interventions, including use of reasonable force, in schools guidance)

- Incident details must be recorded as soon as practicable after the event, by the staff member(s) involved. Hot debriefs should be completed the same day. Cold debriefs can be completed at a later date (see section on debriefs below).
- Recording should include antecedent conditions and triggers which led up to the incident, what early de-escalation strategies were trialled and the risks which led to the decision that a restraint was a proportional response in the situation.
- Details of any injuries or first aid offered and administered.
- Confirmation that post-incident support has been offered to students and staff
- Confirmation that parents have been informed in writing (unless student is 20 or over or there is a safeguarding risk in reporting).
- Confirmation of follow up conversation with parents/carers.

Debriefing

To support the wellbeing of students and staff after incidents and to ensure reflective learning is actioned, all students and staff are offered both "hot" and "cold" debriefs:

- A **hot debrief** is offered as soon as possible after the incident and the aim is to provide emotional support, first aid check and to support the student or staff to regulate immediately after the incident.

- A **cold debrief** is arranged as soon as possible after everyone has recovered and regulated, and at a time and place where the student / staff feel comfortable to reflect. This will aim to review what happened, what led to the incident, how we responded and what we can learn for next time if the situation arises.

All staff who lead cold debriefs should expect training and supervision from a suitably qualified member of staff to ensure that these are managed with sensitivity, support reflective practice and lead to effective proactive actions which will improve the situation for both students and staff in the future.

Student support systems

Each provision's Safeguarding and Wellbeing Offer gives details of the universal, targeted and specialist provision that is available to support students' safety and wellbeing, including interventions to support wellbeing and behaviour for learning. This may include therapeutic input, targeted curriculum delivery or involvement from external agencies as appropriate.

Where they have the comprehension to understand, students are made aware of safeguarding arrangements and who they can talk to if they have concerns. There are safeguarding posters throughout each provision with details of the Safeguarding team; every student has a trusted adult they can talk to; each provision has a procedure for students to raise concerns and seek support, appropriate to the needs and communication styles of their students.

We recognise that students with limited receptive and expressive language will often express worries and concerns through unsettled behaviour which we may find hard to manage at times. Hence, we do not respond to these behaviours with punitive measures but use tools to seek to understand why the student is feeling anxious, unsettled, frustrated, overwhelmed or angry.

Off-site behaviour

When supporting students off-site, we recognise that unfamiliar environments, changes to routine, sensory differences, and increased unpredictability may impact on a student's ability to feel safe, regulated and able to engage.

Staff will therefore:

- Plan proactively to ensure environments, activities and expectations are appropriate and accessible
- Use individual risk assessments and personalised planning to identify support needs, potential risks, and proactive strategies
- Prepare students in ways that are meaningful and accessible to them, using approaches such as visual supports, rehearsal, and pre-teaching where appropriate
- Use knowledge of the student, including PBS plans and known strategies, to anticipate needs and reduce potential sources of distress
- Provide appropriate support for communication, regulation and participation
- Maintain consistent, relational and non-punitive approaches in line with this policy
- Prioritise safety while seeking to use the least restrictive approaches possible

Where behaviours of concern occur, staff will respond in line with this policy, seeking to understand what the behaviour is communicating and supporting the student to feel safe and regulated.

Safeguarding

OHC&AT understands behaviour as communication and every provision remains alert to the possibility that changes in student behaviour, including behaviour that falls outside the norm for that student may indicate a safeguarding concern or other unmet need. Where a student displays behaviour that is unusual, concerning or potentially harmful, we will both address the behaviour (through appropriate intervention as detailed above) and seek to explore the possible cause in order to effectively support the student and the school community. Please refer to the Child Protection Adult Protection & Safeguarding Policy for further details.

Staff development and support

Positive Behaviour Support

All of our settings have access to training in PBS relevant to their role and the expertise needed to conduct their role safely and effectively.

PBS is a whole setting approach, underpinned by a culture of respect, curiosity, empathy, and understanding and supporting of diversity. PBS is a framework which understands that all behaviour is communication, and which enables us to understand why the behaviour occurs so that we can put in place solutions so that students have other ways of communicating or meeting their needs.

Tier 1: training for **ALL staff** – training in Person-Centred support and environments that meet needs and avoid situations that dysregulate or distress students.

*Tier 2***:** training for in setting staff who are **practice leaders in PBS -** in Class based Multi-Disciplinary Team (MDT), reflective practice and "functional thinking" or assessments for students who continue to demonstrate anxiety, overwhelm frustration to understand why these behaviours are occurring

and what we need to do to support differently, which may include:

- Adapting the physical environment
- Adapting the way we are supporting the student
- Teaching the student different ways to cope or communicate so that they do not need to use this behaviour any more

*Tier 3***:** Trust wide, access to a PBS Specialist led Functional Assessment and MDT support, or we will involve external professionals or teams (e.g. Psychiatry, Psychology).

All staff should recognise when the level of risk or expertise required to assess and support a student is beyond their own training or scope of practice and should escalate this appropriately to their line manager or relevant specialist team.

Staff at OHC&AT settings will receive a range of training to support safe, effective and compassionate practice. This may include:

- Positive Behaviour Support
- Trauma-informed approaches
- Reducing restrictive practices and least restrictive approaches
- Mental Capacity Act and decision-making (where appropriate)
- De-escalation and safe, relational support strategies
- Supporting effective debriefing with students and staff
- Mental health and wellbeing
- Effective SEND-focused safeguarding practice

Training is provided at induction and through ongoing professional development, and is responsive to the needs of both students and staff.

RELATED POLICIES AND RESOURCES

Anti-Bullying Policy (schools/College)
Attendance Policy
Behaviour Policy (schools/College)
Child Protection Adult Protection & Safeguarding Policy
Equality, Diversity & Inclusion Policy
Online Safety Policy (schools/College)
Suspension and Exclusion Policy
Families and Visitors Code of Conduct
Health & Safety Policy
Safeguarding & Wellbeing Offers (schools/College)
Relationships and Sex Education Policy (schools/College)
Risk Assessment Policy
Staff Code of Conduct
Staff Mental Wealth, Health and Wellbeing Policy
Student Mental Wealth, Health and Wellbeing Policy
Supporting Students with Medical Conditions in Education Policy

APPENDIX A: Capable Environments framework

Capable Environments increase quality of life and reduce the likelihood of behaviours of concern as basic needs are met and known triggers are avoided. The 10 areas to be considered for each student are shown below.

10 features of capable environments.

*1.**Frequent social interactions.***   *Making sure we are interacting with the students as much as they indicate the need – for fun and social reasons, not just to issue instructions.*
2. Support for communication.   *Making sure that students can communicate their needs and choices, whether through words, pictures, signing, non-verbal signals.*   *Ensuring students can understand instructions so that uncertainty and anxiety is reduced and students can follow instructions.*
*3**. Participating in meaningful activity.***   *Offering students lots of appropriate and accessible activities - behaviours are always more likely if students are bored or if tasks are unrealistically difficult.*
*4. **Consistent and predictable environments (allowing for individual variation).***   *A good routine and preparation for change helps most of our students feel calm and helps them know what is happening next. This is important for students to be able to feel safe.*
5. Good relationships with friends / family.   *Warm relationships with family, friends and staff underpin all wellbeing. We may need to support students to access their full peer social network – both whilst at and when preparing to leave school/college.*
6. Opportunity for choice.   *Many behaviours are triggered or escalated through lack of personal choice; offering a choice of what to do next can often de-escalate a situation and give students a sense of control and security.*
7. Encouraging independent functioning.   *We want our students to do as much as possible for themselves - this requires a gradual reduction in the amount of support being given and plenty of time.*
8. Health support   *Pain reduces wellbeing and is likely to increase behaviours of distress. We encourage healthy living for all our students, in what we eat and being physically active and in supporting access to the appropriate healthcare.*
9. Suitable physical environment. – noise, light, space.   *We try to provide the best environment for each student in order to meet their sensory needs, e.g. quiet areas, taking time out in the garden, keeping cool, switching lights off etc.*
10. Mindful, skilled staff.   *Crucially, we want to be kind, empathic staff who have the skills to support students correctly and the time to understand when things aren't going well and help students find solutions and better ways of coping.*

The features of a capable environment are taken from D. Allen et al "Implementing PBS," *International Journal of PBS*, 3, 2, (32-41)

Research has shown that where students are supported in capable environments, the incidents of behaviours of concern reduce and restrictive practices are used less (McGill et al (2020) “Capable environments,” *Tizard Learning Disability Review*, 24 (3). pp. 109-116).

APPENDIX 2: Incident response process

Incident occurs

IMMEDIATE RESPONSE:

- Immediate support - immediate student & staff safety; first aid response; immediate follow up actions (e.g. plan for student support; changes to staffing; calming activities and spaces; necessary changes to timetable; any changes to travelling home etc)
- Hot de-brief with staff involved
- Hot de-brief with any students involved or witnessing

SAME DAY FOLLOW UP:

- Enter details onto CPOMs, including any physical or non-physical restraints used
- Generate written report to parents if any physical or non-physical restraints used
- Call parent / carers to verbally update them to discuss if (i) this is a new situation that has arisen or not previously been discussed (ii) there are additional concerns regarding an existing behaviour (unless there are any safeguarding contra-indications to informing parents) (iii) parents have requested to be contacted after each incident
- Enter into Health & Safety system if criteria met

LATER FOLLOW- UP:

- Arrange a cold de-brief with all staff involved, supported by a facilitator who was not involved in the incident
- De-brief with student(s) if appropriate
- Agree any additional proactive strategies to add to support plan
- Agree any follow up actions to action (e.g. referral; permanent change to timetable)
- Record agreed team actions in correct system (this differs at different settings?) - with date to review
- Review PBS plan / pupil profile and add any additional agreed support strategies
- Run bite size class team follow up coaching if any new or different strategies need to be implemented - to ensure all staff are confident to implement
- Review cold de-brief actions after 1-2 weeks (or as agreed) and outcome completion of actions on system