Responsible Behaviour Plan for Students
based on The Code of School Behaviour

inspire believe achieve

Be Respectful
We use our manners and include others

Be Responsible
We are role models and do the best we can

Be Safe
We look after ourselves and others
Responsible Behaviour Plan for Students

1. Purpose

The Lady Cilento Children’s Hospital School (LCCHS) is a unique learning environment that caters for student learning and well-being in a vast array of settings. The variety of classrooms, inpatient units, outpatient units, clinics and alternative programs supported by the school requires that a continuum of formal and informal processes and programs exists to ensure the school community’s needs are supported.

The Responsible Behaviour Plan (RBP) for Students supports students in all settings from Prep to Year 12. The plan outlines the school’s values, expectations, rules and consequences associated with both positive and negative behaviours in the school settings. The plan supports the core business of teaching and learning and prioritises student engagement in educational settings by outlining strategies and expectations that encourage positive student engagement.

The LCCHS is committed to explicitly teaching our school values and encouraging student participation in strategies that demonstrate these values. The LCCHS values, developed through consultation with staff and students, are respect, trust, integrity, relationships and care. These values are aligned with the school motto; Inspire, Believe, Achieve.

2. Consultation and data review

In the process of developing this plan a number of consultation processes were held with key stakeholders in hospital education.

Students: Students in both the secondary and primary sectors were consulted on the school’s responsible behaviour plan. Students:

- identified strategies that they as individuals and a class can use in order to demonstrate their understanding
- identified appropriate consequences for negative and positive behaviour
- developed classroom and school rules in line with the school values.

Staff: Staff across the school elected to participate in the Responsible Behaviour Committee that

- identified similarities and core practices across the Royal Children’s Hospital School and the Mater Hospital School
- analysed OneSchool and school based data in order to identify the types of universal behaviours that were exhibited in the classrooms and in the inpatient units
- collected feedback and held reviews of student behaviour and expectations in staff meetings.

Key Stakeholders: Key Stakeholders in hospital education were also consulted in the development of the plan. The Hospital Schools Advisory Council (HSAC) members were consulted and advice from allied health and medical professionals was also collected. The plan was endorsed by the Principal, the chair of HSAC and the Regional Director in 2015, and it will be reviewed in 2018 as required in legislation.
3. Learning and behaviour statement

The LCCHS, as an integral part of the Lady Cilento Children’s Hospital community, provides quality educational programs to hospitalised students and their families. The student cohort includes students from all educational sectors. Students may have single or medium to long term enrolments that have resulted from accident or illness, treatment for specific medical conditions or relocation of the family due to hospitalisation of a family member. Children and adolescents admitted through Child, Youth and Mental Health Services (CYMHS) also attend the school.

**Learning statement**

The staff of the LCCHS believes that students attending the hospital school have an equal right to the provision of quality education programs. We strive to:

- ensure that all students have access to quality educational programs
- define quality education through the school’s pedagogical framework
- meet the current and changing needs of the student
- provide learning and achievement in a well-supported, safe environment
- develop Individual Learning Plans based on data tracking methods for identified students
- ensure that students have access to flexible approaches to learning that motivate and engage them.

**Behaviour statement**

The LCCHS believes that all students, staff and visitors have the right to be safe and that students are responsible for their own behaviour. The staff of the LCHSS believes that student behaviour is influenced by many factors. All staff at the LCCHS are trained in the Non-Violent Crisis Intervention (NVCI) program that is a safe, non-harmful behaviour management system designed to provide best possible care, welfare, safety and security for all in the school community. An outline of the purpose and processes of the NVCI program is included in the appendices. The NVCI program sets out expectations, parameters and responses to encourage appropriate and positive behaviours.

4. Processes for facilitating standards of positive behaviour and responding to unacceptable behaviour

Staff and students respond to all types of behaviour by processes developed around the school’s values and expectations.

**Values**

- **Respect**: to value others and their property
- **Trust**: to be able to rely on self and others
- **Integrity**: to build a sound character
- **Relationships**: to connect and create a sense of belonging
- **Care**: to look after ourselves and others
**School expectations**

- **Be safe**
  - We look after ourselves and others
- **Be responsible**
  - We are role models and do the best we can
- **Be respectful**
  - We use our manners and include others

LCCHS recognises that a continuum of strategies best supports the behaviour learning needs of students. The behaviour process acknowledges behaviour and corrects inappropriate behaviour through applying logical consequences and explicitly teaching new skills where required. The NVCI program outlines strategies to facilitate positive behaviour and respond to negative behaviour. An abbreviated outline of the NVCI approach is contained in the appendices.

Behaviour is managed at LCCHS through the three tiered approach.

**Universal behaviour support**

LCCHS is committed to providing a harmonious and supportive learning and work environment where social and academic outcomes are achieved through quality practices in curriculum, interpersonal relationships and school organisation. Staff at the school use the *Prevent Teach Reinforce* model of teaching explicit behaviour strategies. Staff:

- prevent negative behaviour by recognising expected and positive behaviour
- teach new strategies to ensure appropriate behaviour and
- reinforce positive behaviours by giving descriptive encouragement.

The school provides universal behaviour support to students by:

<table>
<thead>
<tr>
<th>Student Behaviour</th>
<th>Staff Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generally complies with school wide values and expectations of learning and behaviour</td>
<td>Establish clear expectations</td>
</tr>
<tr>
<td>Give clear, concise instructions regarding both curriculum and behaviour at the start of each activity</td>
<td>Non-verbal directional action</td>
</tr>
<tr>
<td></td>
<td>Oral directional phrase</td>
</tr>
<tr>
<td></td>
<td>Waiting and scanning to allow take up time</td>
</tr>
<tr>
<td>Minor departures from expected behaviour</td>
<td>Use of positive corrective strategies to reengage student including</td>
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<tr>
<td>----------------------------------------</td>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>• pause in talk</td>
</tr>
<tr>
<td></td>
<td>• use of proximity</td>
</tr>
<tr>
<td></td>
<td>• expectations of curriculum clarified or restated if necessary</td>
</tr>
<tr>
<td></td>
<td>• non-verbal redirection</td>
</tr>
<tr>
<td></td>
<td>• selective attending</td>
</tr>
<tr>
<td></td>
<td>• questioning to redirect</td>
</tr>
<tr>
<td></td>
<td>• humour to manage behaviour</td>
</tr>
<tr>
<td></td>
<td>• call student’s name</td>
</tr>
<tr>
<td></td>
<td>• redirection given</td>
</tr>
</tbody>
</table>

### Targeted behaviour support

Some students require targeted behaviour support. These students may self-identify or be identified by members of staff/administration.

The school provides targeted behaviour support to students by:

<table>
<thead>
<tr>
<th><strong>Student Behaviour</strong></th>
<th><strong>Staff Strategies</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Persistent inappropriate behaviour</td>
<td>Following on from universal strategies listed above.</td>
</tr>
<tr>
<td></td>
<td>• apply agreed consequences</td>
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<tr>
<td></td>
<td>• positive acknowledgement of reengagement</td>
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<tr>
<td></td>
<td>• restorative practices</td>
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<tr>
<td>Individual Support Plans may be used to identify</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• response plans</td>
</tr>
<tr>
<td></td>
<td>• agreed expectations and consequences</td>
</tr>
<tr>
<td></td>
<td>• measurable goals</td>
</tr>
</tbody>
</table>
At the weekly student update, targeted students’ behaviour is addressed and individual strategies and plans are discussed for each student with an Individual Support Plan. Teachers on duty are provided with student update information to ensure knowledge is shared regarding student behaviour goals and individual expectations and consequences.

Positive behaviour changes are acknowledged and supported by all staff.

Students with targeted behaviour issues must have behaviours recorded on OneSchool to ensure student behaviour can be tracked.

**Intensive behaviour support**

The LCCHS is committed to educating all students, including those with the highest behavioural support needs. It is recognised that students with highly complex and challenging behaviours may need comprehensive systems of support that require regular reviews in consultation with parents/ caregivers and other relevant specialist staff.

The school provides intensive behaviour support to students by:

<table>
<thead>
<tr>
<th>Student Behaviour</th>
<th>Staff Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe problem behaviours</td>
<td>Individual Support Plans are developed with school administration staff and will use one or more of the strategies below.</td>
</tr>
<tr>
<td></td>
<td>• modified attendance</td>
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<td></td>
<td>• check in – check out with administration staff</td>
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<td></td>
<td>• curriculum adjustments</td>
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<td></td>
<td>• identified seating arrangements</td>
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<td></td>
<td>• focused teaching of behaviour skills</td>
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<td></td>
<td>• involvement/engagement of interagency support</td>
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</tbody>
</table>

The LCCHS team:

- works with other staff members and hospital clinical team members (including CYMHS) to develop appropriate behaviour expectations, strategies and data collection tools
- monitors the impact of support for individual students through continuous data collection
- provides consistent strategies and adjustments outlined within the Individual Support Plan
- works with the school administration and CYMHS liaison teachers to achieve continuity and consistency

Students are supported in the class group for as long as possible, but when behaviour is confrontational or is a danger to the student or others, the student will be removed to a different setting. It may
be necessary that the LCCHS staff remove the rest of the class from dangerous situations. In some instances attendance for part day sessions (in particular, the structured morning program) will be more appropriate than for the entire day. Nursing staff/parents/carers may be required to stay with the student - this will occur in consultation with nursing staff or parents / guardians.

All incidents involving violence, physical intervention, absconding or security intervention occurs are recorded on OneSchool, debriefing processes instigated, and if applicable, parents/carers/nursing staff advised and incidents reviewed for future planning arrangements.

5. Emergency responses or critical incidents

An emergency situation or critical incident is defined as an occurrence that is sudden, urgent, and usually unexpected, or an occasion requiring immediate action.

Severe problem behaviour is defined as behaviour of such intensity, frequency, or duration that the physical safety and well-being of the student or others is likely to be placed at serious risk.

It is important that all staff have a consistent understanding of how to respond to emergency situations or critical incidents involving severe unacceptable behaviour. This consistency ensures that actions taken are responsive to the safety and well-being of students and staff.

In response to crisis situations, the LCCHS staff uses intensive intervention strategies as described in NVCI. In addition, the LCCHS staff works in collaboration with the CYMHS staff to implement Individual Support Plans.

In instances where violence or severe crisis intervention occurs the procedures for staff are as follows:

Violence

1. First Aid and personal support
2. Duress alarm pressed - Hospital Security notification, if needed
3. Principal and Parent / Carer or Inpatient manager to be advised
4. Incident Report
5. Accident Report
6. Case discussion and review
7. Incident entered on OneSchool

Crisis Intervention (Severe problem behaviour)

1. Staff team response using NVCI management strategies
2. Hospital Security notification, if needed
3. Principal/DP/HOC, Parent/Carer or Inpatient manager advised
4. Case discussion and review
5. Incident entered on OneSchool
Physical intervention is only acceptable as a last resort and if it is required to be used must be done by a trained NVCI team member. The NVCI process for physical intervention is included in the NVCI section of the appendices.

6. Consequences for unacceptable behaviour

Consequences, both positive and negative, are clear in each of the LCCHS settings. Relevant and timely consequences depend on the classroom environment and the negotiated responses each setting has with its students.

In the appendices is the school’s action matrix for behaviour. All staff must follow the process outlined in this document and adhere to its process and follow up guidelines. The one page document is used by all teachers when discussing positive and negative behaviours and their consequences. Limits and boundaries are negotiated within each setting to ensure that all student needs are catered for and special considerations for medical conditions are met.

Catering for the care, welfare, safety and security of staff and students determines where a student’s educational program is provided while the student attends the LCCHS. This may be in the classroom, ward or other Lady Cilento Children’s Hospital School settings. Due to our unique setting it is not appropriate for our school to compile a regular list of actions and consequences for actions which would result in suspension and/or recommendation for exclusion.

Student disciplinary absences (suspension and exclusion) may be considered in the event of a serious, one-off behaviour incident or after consideration has been given to all other responses.

7. Network of student support

Students of LCCHS are supported by numerous groups with regard to their behaviour. The groups listed below provide one on one support and also have the ability to develop specific programs for students as behaviour support needs are recognised. These groups are:

- Parents
- Teachers
- Teacher Aides
- Heads of Curriculum
- School Administration Staff – Principal, Deputy Principal and HoC
- Guidance Officers
- Allied Health and Medical Teams

Support is also available through the following government and community agencies:

- Regional DET Services
- Senior Guidance Officers and Principal Advisor Educational Services
8. Consideration of individual circumstances

The LCCHS considers the individual circumstances of students when applying support and consequences by:

- promoting an environment which is responsive to the diverse needs of its students
- establishing procedures for applying fair, equitable and non-violent consequences for negative behaviour ranging from the least intrusive sanctions to the most stringent
- recognising and taking into account students' age, gender, disability, cultural background, socioeconomic situation and emotional state
- taking into account precipitating factors and conditions of medical treatment.

9. Related legislation

- Commonwealth Disability Discrimination Act 1992
- Commonwealth Disability Standards for Education 2005
- Education (General Provisions) Act 2006
- Education (General Provisions) Regulation 2006
- Criminal Code Act 1899
- Anti-Discrimination Act 1991
- Commission for Children and Young People and Child Guardian Act 2000
- Judicial Review Act 1991
- Workplace Health and Safety Act 2011
- Workplace Health and Safety Regulation 2011
- Right to Information Act 2009
- Information Privacy (IP) Act 2009

10. Related departmental procedures

- Safe, Supportive and Disciplined School Environment
- Inclusive Education
- Enrolment in State Primary, Secondary and Special Schools
- Student Dress Code
- Student Protection
- Hostile People on School Premises, Wilful Disturbance and Trespass
- Police and Child Safety Officer Interviews with Students, and Police Searches at State Educational Institutions
- Acceptable Use of the Department's Information, Communication and Technology (ICT) Network and Systems
- Managing Electronic Identities and Identity Management
- Appropriate Use of Mobile Telephones and other Electronic Equipment by Students
- Temporary Removal of Student Property by School Staff
11. Some related resources

- National Safe Schools Framework
- Working Together resources for schools
- Cybersafety and schools resources
- Bullying. No way!
- Take a Stand Together

Appendices: LCCHS procedures, protocols and guidelines

1. Student Behaviour Flowchart
2. Absconding
3. Student dress code
4. Appropriate use of telephone and electronic devices
5. Escorting of children
6. Self-harm and suicide guidelines
7. Students with CF and from Oncology
8. CYMHS In-Patient Adolescent Unit & LCCHSS Joint Policy
9. NVCI – program and procedures
10. COPING model debrief resources
   - a. Staff
   - b. Student

Endorsement

[Signatures and signatures]

Principal
P&C President or Chair, School Council
Principal’s Supervisor

Date effective:

from 30 July 2015 to 30 July 2018.
**Expected Behaviour**

- **Be safe**
  - We look after ourselves and others

- **Be responsible**
  - We are role models and do our best

- **Be respectful**
  - We use our manners and include others

**Minor Departures from Expected Behaviour**

- **Harassment and bullying**
  - repeated name calling, exclusion, victimisation

- **Property misuse**
  - stealing, graffiti, running with scissors

- **Disruption**
  - calling out, pushing in, interrupting others’ learning

- **Inappropriate language**
  - low intensity swearing

- **Physical contact**
  - poking, touching, hitting

- **Defiance/disrespect**
  - brief failure to follow directions

**Persistent Inappropriate Behaviour**

- **Harassment and bullying**
  - repeated teasing, physical and verbal intimidation

- **Disruption**
  - repeated behaviour causing an interruption

- **Inappropriate/abusive language**
  - repeated language that involves swearing, use of inappropriate words directed at others

- **Physical aggression**
  - physical contact where minor injury may occur

- **Defiance/disrespect**
  - continued refusal to follow directions, talking back, socially rude interactions

- **Vandalism**
  - activity that results in damage of property

- **Safety**
  - unsafe behaviours with medium risk to self or others

**Severe Problem Behaviour**

- **Physical aggression**
  - actions involving serious physical contact where injury has occurred

- **Safety**
  - unsafe behaviours with high risk to self or others

**Behaviour Flowchart**

**Student Behaviour**

**Staff/Student Response**

**Prevent, Teach, Promote, Reinforce**

- Acknowledge Behaviour
  - positive acknowledgement/feedback
  - parallel acknowledgement
  - clear concise instructions

- Reinforce and reward
  - free time
  - iPad time
  - stickers and rewards
  - public acknowledgement

**Supportive Approach**

- Use essential skills for classroom management

  - **Set limits**
    - clear and simple, reasonable, enforceable, relevant

  - **Allow personal space**
    - proximity, supportive stance, non-verbal redirection

  - **Ask questions**
    - What are you doing? What happens when? What are you supposed to be doing? How do you feel when?
    - allow take-up time

  - **Actively listen/talk little**
    - pay attention, read body language, identify precipitating factors, restate direction

  - **Verbal re-direction**
    - restore classroom norms, build therapeutic rapport, follow up with relevant consequences, use humour

**Directive Approach**

- **Set limits**
  - repetitive, clear and simple, reasonable, enforceable, relevant

- **Verbal directive to quiet area**
  - bean bag, removal to safe place, playground, remove other students

- **Isolate student**
  - only if behaviour is ongoing, refer if necessary

- **Follow up**
  - OneSchool report if required, explain consequences and strategies, establish therapeutic rapport, make the situation right (apologise, natural consequence)

**Individual Support Plan**

- measurable goals
- apply agreed consequences
- positive acknowledgement of reengagement

**Non-Violent Physical Intervention Approach**

- **Call ‘team’**
  - team members to respond, safe environment, remove spectators

- **Restraint techniques/physical intervention process**
  - follow outlined procedure, call security if necessary

- **Follow up**
  - parent involvement, OneSchool report, update Individual Support Plan, therapeutic rapport

**Individual Support Plan**

- modified attendance
- curriculum adjustment
- check-in-checkout with admin staff
Appendix 2

Lady Cilento Children’s Hospital School
Students who abscond from LCCH School

If a student absconds from LCCH School the following procedures apply:

1. activate duress alarm (mounted in office, interview room + Principal’s office, also portable alarm in classrooms) Middle/Senior School. Junior School office to phone Mater Security on 5 555
2. follow the student and keep a close watch (if time permits, take a school mobile phone)
3. attempt to alert another staff member to advise the Principal (or nominee)

The Principal (or nominee) will then:

- advise the ward (if student is an inpatient)
- give student details and description to Hospital Security
- request other staff to help search the LCCH precinct
- contact parents/carers (when appropriate)

If the student leaves the LCCH precinct (or is thought to have left LCCH precinct), the Principal will call Police 000.

District Office will then be notified along with parents/carers. The contact details for District Office are:

Jenny Hart (ARD) – 3634 0520

Every effort will be made by LCCHS staff to assist in locating the student. Ward staff, parents/carers and district office will be continually updated if a student has left the LCCH precinct.

In all circumstances, once the student has been located a behaviour report needs to be recorded on One School.
Appendix 3

Lady Cilento Children’s Hospital School
Student Dress

Students are expected to dress in a modest, school appropriate and sun safe way whilst attending the Hospital School. Alternatively, students may choose to wear the uniform from their home school. It is understood that in some circumstances due to medical procedures/requirements the wearing of pyjamas/nighties is the most suitable form of dress and therefore may be worn.

Appropriate apparel
Shirts and tops should be long enough to keep the mid body (midriff) covered in the course of normal movement throughout the day. Any garments carrying obscene/suggestive and/or offensive images and/or words, or promoting alcohol, tobacco or illegal substances are not acceptable. The LCCHS adopts a sun safe policy where students’ clothing and hats need to provide adequate protection.

Footwear
Footwear needs to be worn in the school setting (closed in shoes are recommended).
Appendix 4

Lady Cilento Children’s Hospital School
Telephones and Electronic Devices

LCCH School does not encourage students bringing mobile phones or personal technology devices to school. The use of these devices during class time interrupts the learning environment for the whole class.

If it is deemed necessary for students to carry such equipment, the following procedures will apply.

1. Equipment to be handed to the front of office on arrival. Register will be signed and device will be stored in a locked drawer.
2. Students may access mobile phones during scheduled school break times if there is a parental need. Messages may be checked at the school office. Phones and devices remain in the office.
3. In some circumstances, students are allowed electronic devices in the classroom as per their medical and educational plan.

If a student needs to be contacted during school hours, this will be through the school office. Office staff will deliver the student’s message to the teacher, who will then determine the appropriate time to pass the message on to the student.

All other communication with students during school hours will be through the Principal. Special considerations to the guidelines need to be approved by the school Administration team. (Principal/Deputy Principal/HoC)
Appendix 5

Lady Cilento Children’s Hospital School
Escorting children within the hospital and between the Junior and Senior Campuses

In the interest of student safety, it is generally recommended that students are escorted to and from school each day. Factors, such as the sheer size of the hospital complex, the high level of activity in corridors and the large number of public persons visiting the hospital each day, determine that caution must be exercised with regard to child safety.

Students access the school from many facilities and need to be assured of a safe environment. Designated adults provide an appropriate escort function.

Siblings and children of hospitalised parents are escorted to and from the school by the parent at all times. Parents / Carers may request for their senior students to walk unaccompanied after school sessions.

Hospitalised students are escorted to and from school (morning and lunch break) by designated school or hospital staff. Ward staff to be notified.

During school hours when inpatient units require students for treatment etc, hospital staff are able to collect children from school and then return them. If staffing problems preclude this arrangement, school staff are requested to assist.
1. All sharp objects to be stored in locked cupboards at all times (including sharpeners).
2. Other school equipment (e.g. pens, pencils) to be closely monitored.
3. If equipment is being used in class, then all objects are counted out and counted back in.
4. If suspicious, “at risk” students need to be questioned, re their belongings at the end of the school session.

If staff are concerned in any way, please contact the Principal immediately.

In addition to this, CYMHS do a suicide assessment each morning and if a student is deemed “at risk”, they are placed on 1-on-1 nurse/patient ratio on the ward and / or at school.

INPATIENT UNIT TROLLEYS

Teachers are to ensure that all sharp implements are stored out of sight and reach of the students.
Appendix 7

Lady Cilento Children’s Hospital School
Students with cystic fibrosis or receiving oncology treatment and attending LCCH School

Medical advice is that students who have cystic fibrosis and students undergoing oncology treatments should not be mixed in classrooms at LCCH School. There needs to be a solid wall between these students to minimise the risk of exposure.

All students need to have access to LCCHS classrooms. Before bringing students to either campuses, ward teachers MUST contact the relevant campus to inform teachers who they are bringing down. This will allow staff to make adjustments before the student arrives. In these instances the adjustments will need to be in place for the whole session e.g. 9 -12pm or 1 -3.00pm.

If adjustments are not practical due to the mix of students, arrangements will be made for them to attend school at some time during the day.

LCCH School parent/carers who are bringing their child directly to school will need to inform the Office. This practice is for the health and wellbeing of all students.

Withdrawing students with similar learning needs and working in a small group is highly recommended. If a group is to be withdrawn from the classroom, the teacher needs to teach this group in another setting. If a teacher aide is to work with a group of students, this session needs to be conducted under the supervision of a teacher and within close proximity.

All staff need to be aware of student protection guidelines when working with individual students and it is essential to take care to conduct these sessions in open rooms and in full view of others.

Flexibility from all staff will be required as work roles may need to be altered.
Appendix 8

Lady Cilento Children’s Hospital School
CYMHS In-Patient Adolescent Unit (CYMHSS IP Ad) &
Lady Cilento Children’s Hospital School (LCCHS) Joint Policy

Goals of the policy
- to provide a safe and efficient set of guidelines for the joint program between CYMHSS Inpatient (CYMHS IP Ad) & Lady Cilento Children’s Hospital School (LCCHS)
- clear expectations and guidelines between the two services will increase the likelihood of young people from the CYMHSS IP successfully participating in the School program and integrating into their local school program.
- to ensure ongoing effective communication in relation to the provision of an ongoing educational service for the young people, the LCCHS liaison teacher will attend, where possible, all scheduled handover and Case Conference meetings.

School Attendance
In order for students to attend the LCCHS classrooms students must:
- be currently enrolled in a school
- be deemed appropriate for school in a daily collaborative decision between the CYMHS Inpatient staff and the LCCHS Liaison teacher at the 8.30am handover meeting
- attend school for the period of time as agreed upon daily at Handover
- signed registration form, parental/guardian permission to contact the home school is preferred.
- have a level of wellness to safely function in a classroom.

Responsibilities of the Liaison Teacher
- handover relevant information to classroom teachers daily
- meet students and assess students’ educational needs
- students who are required to remain in the unit will be provided with work by the liaison teacher when available. (i.e. if not involved in home school visits; CYMHS Case Conferences; prioritised home school contact; or scheduled teaching in a classroom)
- initial liaison with the home school to gather pertinent information
- liaison teacher meets to familiarise the student with classroom routines.

Transporting CYMHS Inpatients to the school site
- staff from the CYMHS Inpatient unit will be responsible for transporting the students to and from the site unless otherwise negotiated with the liaison teacher or Principal
- when CYMHS staff pick up or return students, from or to the classroom, they must formally inform the teacher in that classroom or on playground duty
- students must not be elevated when they enter the school. Students should be delivered to the school together and in a calm and responsive manner. No student should be left with a teacher in an elevated mood or require a teacher to leave the classroom to de-escalate a student prior to arrival.

If a student needs to be returned to CYMHS Unit
- if there are issues of concern re students in the school setting then staff in the unit will respond promptly to a phone call from LCCHS staff
- students are returned to the unit for lunch times.
Lady Cilento Children’s Hospital School
Non-Violent Crisis Intervention – a summary

All staff at LCCH School are trained in the preventative and intervention techniques of Non-violent Crisis Intervention. NVCI is a safe, non-harmful behaviour management system which is designed to help professionals provide for best possible care, welfare, safety and security for all those involved. The Crisis Prevention Intervention Model shown below is a tool that helps staff to determine how to respond to the different levels of behavioural escalation.

### INTEGRATED EXPERIENCE

<table>
<thead>
<tr>
<th>Crisis development/behaviour levels</th>
<th>Staff Attitudes/Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Anxiety</td>
<td>1. Be Supportive</td>
</tr>
<tr>
<td>2. Defensive</td>
<td>2. Directive</td>
</tr>
<tr>
<td>3. Acting Out Person</td>
<td>3. Nonviolent Physical Crisis Intervention</td>
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<tr>
<td>4. Tension reduction</td>
<td>4. Therapeutic Rapport</td>
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</tbody>
</table>

In proactively managing behaviour, the LCCH School staff:
- identify the behaviour levels that contribute to the development of a crisis and choose an appropriate intervention for each level
- practise non-verbal techniques that help prevent acting out behaviour
- use verbal techniques to de-escalate behaviour
- adopt principles of personal safety, as well as that of others, if behaviour escalates to physical level

### The Supportive Staff Response

During the Anxiety Level, it is generally most effective to use the supportive staff response. This requires staff to be empathic and actively listen to what is concerning the student. Staff are then able to respond in the most appropriate manner to assist in reducing student anxiety. Staff will also be aware of any potential triggers that may escalate the behaviour.

### The Directive Approach – Setting limits

The Defensive Level may signify the beginning stages of an individual’s loss of rationality. The best approach during the Defensive Level is to set behavioural limits for the student. Staff ensure that the limits are clear and easily understood by the student and enforceable. Limit setting is delivered in a non-threatening, calm and positive manner.

### Time Away/Time Out

The principal or school staff may use time out as a strategy for students to manage their own behaviour and to assist the student to calm down. During time out, the student is to be supervised and given an opportunity to re-join the class in intervals of no more than 10 minutes or in accordance with the agreed procedures in the student’s Independent Learning/Support Plans.

### Plan of Action

If a student’s behaviour continues to infringe upon the rights of others in the classroom and/or playground, a plan of action is developed by the teacher and administration team and is clearly articulated to the student. When applicable the student’s parents/carers or Child Youth and Mental Health Services (CYMHS) personnel are contacted and notified of the plan.

### Recording of Student’s Inappropriate Behaviour

When necessary, the recording of a student’s inappropriate behaviour is completed and recorded on OneSchool.
**External Assistance**
In the event of a crisis, additional intervention and support may be sought from the relevant treating medical team. In some cases Lady Cilento Children’s Hospital Security may be involved.

For students with complex and challenging behaviours, effective risk management to ensure the safety and well-being of all students and staff is dependent upon maintaining ongoing dialogue with medical staff and others who support the student.

**Responding to Behaviour**
The following table is an expansion of appropriate NVCI strategies when responding to both positive and negative behaviours.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Immediate/During the behaviour</strong></td>
<td>• Avoid escalating the unacceptable behaviour  &lt;br&gt; • Avoid shouting, cornering the student, moving into the student’s space, touching or grabbing the student, sudden responses, sarcasm, becoming defensive, communicating anger and frustration through body language.  &lt;br&gt; • Maintain calmness, respect and detachment  &lt;br&gt; • Model the behaviour you want students to adopt, stay calm and controlled, use a serious measured tone, choose your language carefully, avoid humiliating the student, be matter of fact and avoid responding emotionally.  &lt;br&gt; • Approach the student in a non-threatening manner using the Supportive Stance.  &lt;br&gt; • Move slowly and deliberately toward the situation or incident, speak privately to the student/s where possible, speak calmly and respectfully, minimise body language, keep a reasonable distance, establish eye level position, be brief, stay with the agenda, acknowledge cooperation, withdraw if the situation escalates.</td>
</tr>
<tr>
<td><strong>Reinforcement/Correction of the behaviour</strong></td>
<td>• If the student starts displaying the appropriate behaviour, briefly acknowledge their choice and re-direct other students’ attention towards their usual work/activity.  &lt;br&gt; • If the student continues with the unacceptable behaviour then remind them of the expected school behaviour, provide them with choices and give them ‘take-up time’ to make the right choice.</td>
</tr>
<tr>
<td><strong>Follow Up</strong></td>
<td>• restore normal school operations as soon as possible  &lt;br&gt; • provide post incident opportunities that include:  &lt;br&gt;   o assist any distressed student/s to access appropriate support e.g. Guidance Officer  &lt;br&gt;   o assist the individual student to identify the sequence of events that led to the unacceptable behaviour, pinpoint decision moments during the sequence of events, evaluate decisions made and identify acceptable decision options for future situations (COPING model)  &lt;br&gt;   o restore practices that re-establish communication, strengthens team approaches and gives closure  &lt;br&gt;   o record a reflection or Individual Learning Plan to assist the student to develop a personal framework of expectations and appropriate actions.</td>
</tr>
</tbody>
</table>
NVCI Physical Intervention Process

Staff may make legitimate the use of physical intervention if all non-physical interventions have been exhausted and a student is:

- physically assaulting another student or staff member
- posing an immediate danger to him/herself or to others

Appropriate physical intervention may be used to ensure that Lady Cilento Children’s Hospital School’s staff demonstrate a duty of care to protect students and staff from foreseeable risks of injury. The use of physical intervention is only considered appropriate where the immediate safety of others is threatened and the strategy is used to prevent injury.

Staff are trained in Non-violent Physical Crisis Intervention and follow these protocols:

- “Team” is called. This alerts all staff members to the need for a crisis response team (2 – 5 trained staff members)
- Crisis response team assesses the situation, plans intervention, directs other team members and communicates with the student
- The plan may involve:
  - removing the acting out student from the other students using non-violent physical intervention by the crisis response team. The remaining students are moved to another area of the school to ensure their safety and well being
  - contacting relevant hospital teams for assistance where a monitoring physical intervention techniques and student health and well being
  - rotating staff as required by team protocols
  - Lady Cilento Children’s Hospital Security may be called to remove a student for treatment

Physical intervention may involve coming between students, blocking a student’s path, leading a student by the hand/arm, shepherding a student by placing a hand in the centre of the upper back, removing potentially dangerous objects and, in extreme situations, using more forceful restraint in accordance with the principles of Non-violent Physical Crisis Intervention.

It is important that all staff understand:

- physical intervention is only ever used as a last resort and cannot be used as a form of punishment
- physical intervention must not be used when a less severe response can effectively resolve the situation
- the underlying function of the behaviour.

Physical intervention is not to be used as a response to:

- property destruction
- school disruption
- refusal to comply
- verbal threats
- leaving a classroom or the school, unless student safety is clearly threatened.

Any physical intervention made must:

- be reasonable in the particular circumstances
- be in proportion to the circumstances of the incident
- always be the minimum force needed to reduce the risk of harm to self or others
- take into account the age, stature, disability, understanding and gender of the student

Tension Reduction - Therapeutic Rapport

Tension reduction is a decrease in physical and emotional energy that occurs after a student has acted out. It is usually characterised by the regaining of rationality. The LCCHS uses therapeutic rapport as an approach to re-establish communication with the student who is experiencing tension reduction. Therapeutic rapport assists staff and students to develop and build relationships by giving them respect and treating them with dignity.
Postvention staff support

Postvention staff support is essential after each crisis intervention. Staff are encouraged to debrief with a trained staff member to discuss the intervention and their own behaviour. Where needed staff are to be referred to the school Guidance Officer or the Employee Assistance Service for counselling.

Following this process there is a team review of the crisis situation which aims to look for ways to strengthen individual and team responses and to explore ways to prevent similar situations in the future.

Record keeping
Each instance involving the use of physical intervention must be formally documented on One School.
COPING Incident Debrief

Date: ___________   Location: __________________________ _____________
Time: ___________   Staff Involved: ______________________________

Control – Are all staff back in control?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Who will write the incident report?
__________________________________________________________________________________

Patterns – Identify precipitating factors. Review the intervention. Are there patterns in the way staff respond to crisis situations?
__________________________________________________________________________________
__________________________________________________________________________________

Investigate – Look for ways to strengthen future interventions (explore ways to prevent similar situations from occurring).
__________________________________________________________________________________
__________________________________________________________________________________

Negotiate – Agree to changes that will improve future efforts to prevent and respond to crises.
__________________________________________________________________________________
__________________________________________________________________________________

Give – Offer support and encouragement to each other. Express trust and respect.
__________________________________________________________________________________
__________________________________________________________________________________
COPING Incident Debrief

| Date: ___________ | Location: _____________________________________ |
| Time: ___________ | Student Name: __________________________________ |

**Control** – Are you back in control of your own behaviour? How do you know?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

**Patterns** – What happened before the incident? How were you feeling before the incident? What else happened today?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

**Investigate** – What would I do differently if it happened again?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

**Negotiate** – What are some ways we can prevent this from happening again?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

**Give** – How can I make it better? What do I do now?
__________________________________________________________________________________
__________________________________________________________________________________

Younger students should be assisted in the discussion of these questions. Adults may choose to take notes, scribe or differentiate the reflection sheet based on student needs.