



Millhouse

Primary School and Nursery

Physical Contact & Safe Touch Policy

To be reviewed: Summer 2026

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Introduction

At Millhouse Primary School & Nursery, we have adopted the Therapeutic Thinking 'Step On' approach to physical contact. This is in conjunction with the guidance from the Department for Education ('Restrictive Intervention, including the use of reasonable force, in schools')

https://assets.publishing.service.gov.uk/media/6943dad6501cdd438f4cf5aa/Restrictive_interventions_including_use_of_reasonable_force_in_schools.pdf).

All staff will receive regular training and updates on what is safe and unsafe touch. This policy sets out what staff can and cannot do.

Use of Physical Contact – normal procedures

There are occasions when staff will have cause to use physical contact with individuals for a variety of reasons. For example:

- To comfort a child in distress
- When a pupil is being praised or congratulated
- To support a child with their physical care (toileting, self-care, changing clothes)
- To guide or escort a child to a place of their choosing or with their understanding
- For activity reasons (e.g. PE, drama, teaching a musical instrument)
- To avert danger from the child, other persons or significant damage to property.

In situations where physical contact between staff and children takes place, staff must consider the following:

- The child's age and level of understanding
- The child's individual needs and history
- The location where the contact takes place (it should never take place in private without others present).

Hugging

A sideways on hug, with the adult putting their hands on the pupil's shoulders is the safest way to do this as both hands of the adult can be seen. Hugging can be used either standing or seated.

Hand-holding

It is natural that young people sometimes enjoy holding hands with adults around them. This is acceptable providing the child initiates the hand holding and is not used as a method to control the child. Alternatives to hand-holding can be offering the child an 'open mitten' hand or a 'supportive arm'. This is done by the adult holding their arm out and the child holding their hand over the adult's lower arm. The adult's hand can be placed over the child's hand.

Lap-sitting

Lap-sitting is discouraged as it could make the pupil and adult vulnerable. Children should be taught to seek comfort / attention through other means. If a pupil attempts to sit on an adult's lap there should be immediate active guidance to a more appropriate seating position, alongside the adult.

Carrying

Carrying a child is to be discouraged as it does not promote independence and slows physical development and regulation. It is never acceptable to carry a child 'because it is quicker to get them from A to B'. There may be some occasions where it may be appropriate to carry a child if it is the safest option at the time or if it is part of a child's planned provision or support. These may include (but are not limited to):

- Transferring to specialist equipment such as hoists, changing facilities or wheelchairs
- Where a child is in immediate danger

- Where a child has difficulty coming away from a parent who is holding them

If carrying a child is required for their support and provision, this must be clearly outlined in their plan, a manual handling risk assessment must be carried out and training given to staff who will be carrying the child.

Children with SEND

We recognise a child's individual needs and where necessary make necessary adjustments for children with disabilities or Special Educational Needs. If a child requires specific physical contact or intimate care, this will be clearly stated and explained in their One Plan or EHCP and agreed with the child's parents.

Physical Intervention During a Significant Incident

If a child requires the use of physical intervention to guide, steer or prevent harm we will follow the guidance from the Department for Education ('Restrictive Intervention, including the use of reasonable force, in schools' https://assets.publishing.service.gov.uk/media/6943dad6501cdd438f4cf5aa/Restrictive_interventions_including_use_of_reasonable_force_in_schools.pdf).

Staff are able to use reasonable force, seclusion and restrictive and non-restrictive intervention inline with the DfE guidance. Staff must not use any force that restricts breathing or intentionally causes harm by pulling or gripping a child's limbs or joints.

Before using any physical intervention, staff will use the de-escalation techniques explained in the school's Behaviour Policy.

Any use of physical intervention during a significant incident, any use of seclusion or any non-physical restraint must be recorded on CPOMS and a 'Physical Intervention Record' attached to the CPOMS incident report. Parents must be informed in writing by either the class teacher or a member of the Leadership Team if physical intervention was used.

A 'significant incident' can be described as one that goes beyond normal physical contact procedures as outlined above.

In addition to the information listed in this policy, headteachers and authorised staff can use such force as is reasonable given the circumstances to conduct a search for the following "prohibited items":

- knives and weapons
- alcohol
- illegal drugs
- stolen items
- tobacco and cigarette papers
- fireworks
- pornographic images
- any article that has been or is likely to be used to commit an offence, cause personal injury or damage to property.

Unsafe Touch

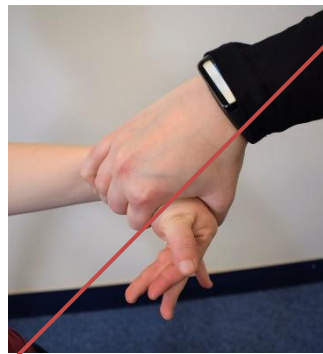
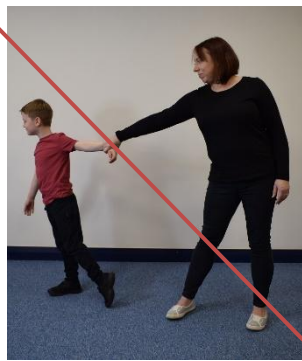
Staff must never use physical contact that restricts breathing in any way (basket holds, leaning forward or face down) or use holds that could harm a child's joints (gripping or holding wrists, elbows etc).

The following **MUST NEVER BE USED**:

Restricting Breathing



Pulling & Dragging
(by hand or wrist)



If a child, who is holding an adult's hand, pulls away from them, the adult will tell them to stop pulling and warn them they are going to let go of their hand. If a child does not stop pulling, the adult must let go of the child to prevent injury to the child's joints.

Safe Touch

Staff will use either a closed or open mitten hand technique for a guide or escort either on their own or with another member of staff. The aim is to move away from the dangerous situation rather than to get to a specific location. At all times, the child should be able to remove themselves from the contact if they feel raised levels of anxiety or stress. If this happens, the staff just repeat the intervention or slightly relax the contact to be able to continue with the guide / escort. This will usually result in the child relaxing and co-operating.

The use of open and closed mittens allows an adult to hold, guide or escort a child without gripping and is a non-restrictive hold, meaning the child can always come out of it (protecting their physical rights).

Students who are allowed to plant their feet may choose to drop or kick or spit at staff. Keeping the feet occupied with movement occupies the brain and reduces the disruptive options.

If the student digs their feet in resist the temptation to oppose the force, relax, give a little and the student will reduce resistance.

Remember the desired outcome is SAFETY NOT DESTINATION.

Open Mitten



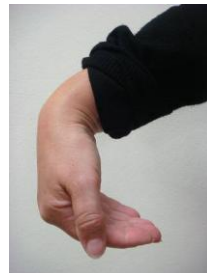
Fingers together

Thumb away from fingers

Palms parallel to floor

The hand should remain in a mitten to avoid the possibility of gripping. Gripping hands can result in bruising consistent with poor practice.

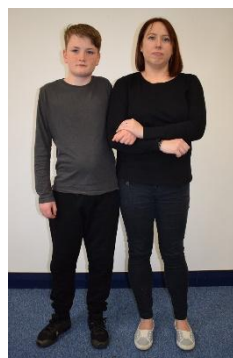
Closed Mitten



Fingers and thumb together

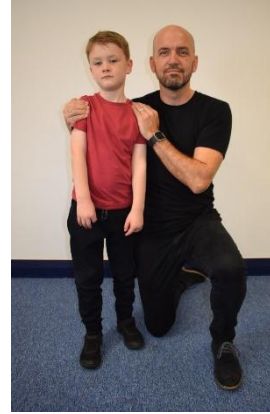
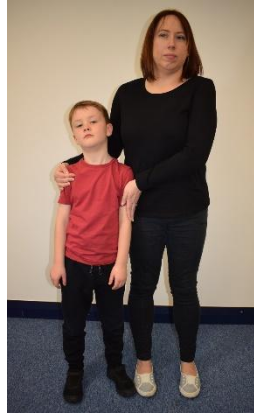
The hand should remain in a mitten to avoid the possibility of gripping. Gripping hands can result in bruising consistent with poor practice

Offering an arm
(for support, to guide or escort)



- Hip in
- Head away
- Sideways stance
- Arm is offered
- Student accepts the invite
- Draw elbow in for extra security

Supportive hug



To communicate comfort or reward:

- Hip in
- Head away
- Sideways stance
- Closed mittens contain each shoulder
- Communicate intention
- Use 'de-escalation script' if needed

Supportive Arm (to support, guide or escort)



- Hip in
- Head away
- Sideways stance
- Positioned behind the elbow
- Closed mittens used above the elbows to maintain safe shape (penguin shape)
- Communicate intention

Open mitten guide (to protect or turn)



- Open mitten hand, placed on the arm above the elbow
- Safe shape (penguin shape)
- Palm parallel to the floor
- Staff positioned behind with extended arm
- Communicate intention
- Use 'de-escalation script' if needed

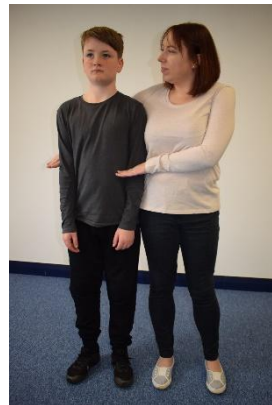
Open mitten guide (to communicate)



Open mitten guide - paired



Open mitten escort (to support, guide or escort)



- Hip in
- Head away
- Open mitten hands above the elbows
- Safe shape (penguin shape)
- Arm resting across the shoulders
- Communicate intention
- Move assertively (prevent kicking / dropping)
- The hand should remain in a mitten to avoid the possibility of gripping. Gripping hands can result in bruising consistent with poor practice.

Open mitten escort – paired (to support, guide and escort)



- Hip in
- Head away
- Open mitten hands above the elbows
- Safe shape, (penguin shape)
- Arm resting across the shoulders
- Communicate intention
- Move assertively (prevent kicking / dropping)
- The hand should remain in a mitten to avoid the possibility of gripping. Gripping hands can result in bruising consistent with poor practice.

Monitoring

This policy will be monitored by the school's leadership team and will be reviewed annually.

Appendix 1 – Physical Intervention Record

MILLHOUSE PRIMARY SCHOOL & NURSERY

PHYSICAL INTERVENTION / USE OF FORCE RECORD

Name of pupil:			
Class:		Year group:	
Date of incident:		Time of incident:	
Where did the incident happen?			
Names of staff involved	Role	Involved: Physically (P) Observer (O)	Staff signature

What happened?			
Why was physical intervention needed?			
What physical intervention was used?	Physical Non-restrictive	Seclusion	Restrictive
Please give details of the intervention e.g. supported hug, supported arm, guide, escort etc			
What was the duration of the intervention?			
Please detail any injuries that occurred as a result of the intervention (name of person injured and nature of injury)			
Names of any other children involved or present.			

Parents / carers were informed

Date	Time	By whom?	Direct contact / telephone / letter?