

# ST MARGARET'S CE PRIMARY SCHOOL



## Safe touch and Restrictive Physical Intervention (RPI) Policy

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[https://assets.publishing.service.gov.uk/media/6943dad6501cdd438f4cf5aa/Restrictive\\_interventions\\_including\\_use\\_of\\_reasonable\\_force\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/media/6943dad6501cdd438f4cf5aa/Restrictive_interventions_including_use_of_reasonable_force_in_schools.pdf)

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### 1. Introduction

St Margaret's CofE Primary School is committed to the safety, welfare and dignity of all children and staff. We seek to prevent incidents requiring physical intervention through high-quality relationships, effective behaviour support, reasonable adjustments for individual need and timely multi-agency support. Restrictive Physical Intervention (RPI) is used only as a last resort when necessary to prevent harm, in line with statutory duties and DfE guidance.

This policy:

- Explains what constitutes safe touch, appropriate physical contact and restrictive interventions;
- Sets out clear thresholds, recording and reporting procedures (including statutory requirements);
- Confirms governance responsibilities, training expectations and review processes;
- Explains how children, parents/carers and staff are supported before, during and after incidents;
- Provides templates for Positive Handling Plans and incident records.

This policy should be read alongside the school's Behaviour Policy, Child Protection & Safeguarding Policy, Intimate Care Policy, Health & Safety, staff disciplinary procedures and staff wellbeing protocols. Where language differs across documents, the definitions in section 2 of this policy apply to incidents covered here.

### 2. Scope and terminology

For clarity, this policy uses the following terms:

- Child/pupil: used interchangeably; both mean any learner at the school.

- Safe touch: appropriate, minimal physical contact with consent where required, to comfort, support or protect a child.
- Reasonable force: physical force used to prevent harm when necessary and proportionate.
- Restraint: any action that immobilises or restricts a child's movement (physical or mechanical).
- Restrictive Physical Intervention (RPI): techniques used to restrict movement, including holds and escorts.
- Seclusion: confining a child alone (physically or by preventing exit) in a room or area and preventing them from leaving; this is not to be used as punishment.
- Significant incident: an event meeting the statutory threshold for recording and reporting under s.93A Education & Inspections Act 2006 and the Schools (Recording and Reporting of Seclusion and Restraint) (No.2) (England) Regulations 2025. See section 8 for definition and guidance.

### 3. Safe touch at St Margaret's

3.1 What is safe touch? Safe touch refers to limited, appropriate physical contact used to comfort, guide or support a child (e.g. handholding to cross a road, shoulder contact to reassure, administering first aid). Safe touch requires regard to the child's wishes, culture, age and any specific needs. Staff should seek consent where practicable (for example when administering first aid).

#### 3.2 Types of safe touch

Examples include:

- Comforting a distressed child (ideally initiated by the child);
- Guiding by hand or arm for safety;
- Assisting with physical tasks where necessary (changing/ intimate care only under Intimate Care Policy procedures);
- Demonstrating physical activities in PE (with consent and appropriate positioning);
- Administering first aid or medication (with parental consent where required).

#### 3.3 Types of physical contact and unacceptable practice

- Staff should use safe touch only in the presence of other adults or responsible children where possible, avoid preferential touch and be mindful of boundaries.
- For younger children or those with SEND, closer contact may be necessary; this must be described in the child's PHP/EHCP/ISP.
- Staff must never use force as punishment.
- Prohibited techniques: staff must never use holds or techniques that cover the face or airway, apply pressure to the neck, chest or abdomen in a way that restricts breathing or circulation, deliberately hyperextend joints, or use techniques intended to cause pain or humiliation. Floor-based supine holds that risk breathing restriction and any technique identified by accredited trainers as unsafe are prohibited. If a child is unintentionally held on the ground, staff must release or reposition to a safer

alternative as soon as possible and seek medical assessment if necessary.

- Staff should not conduct personal body searches; where there is significant safeguarding concern, a senior leader and/or police should be contacted.
4. High-level incidents, RPI, restraint and seclusion
- RPI is a last resort and only justifiable to prevent:
    - committing a criminal offence;
    - causing personal injury to themselves or others;
    - causing serious damage to property;
    - seriously prejudicing good order and discipline where other measures are ineffective and safety is at risk.
  - Seclusion is only permitted to manage immediate risk, must be time-limited, continuously supervised by a member of staff, and the child must be allowed to leave as soon as the risk reduces. Seclusion must never be used as punishment or to coerce compliance.
  - Any planned use of RPI must be set out in a Positive Handling Plan (PHP) co-produced with parents and relevant professionals. PHPs must name trained staff authorised to use specific techniques.
  - In immediate duty of care situations where trained staff are not available, any member of staff may use reasonable force if necessary to prevent harm, but must report the incident immediately and follow recording procedures.
5. Decision making, de-escalation and use of force principles
- All staff must prioritise prevention and de-escalation. When physical intervention is considered, staff must:
- Act in the best interests of the child and others;
  - Use the minimum force necessary, for the shortest time;
  - Consider the child's age, understanding, SEN, physical vulnerabilities, and any cultural or faith considerations;
  - Seek to use non-restrictive techniques (guiding, disengagement, open-palmed calming, change of staff) first;
  - Continually reassess and deescalate, withdrawing physical intervention as soon as safe to do so.

De-escalation techniques a staff member may use include calm verbal communication, offering choices, distraction, planned ignoring (if appropriate), safe touch (if accepted), offering an opportunity to withdraw to a safe space, and swapping staff to provide a 'change of face'.

6. Training, competence and record of trained staff
- The school will ensure staff who are likely to be required to use RPI receive accredited training (e.g. Team Teach, MAYBO or other nationally recognised provider) and that training focuses on de-escalation, risk assessment, safe techniques and post-incident management.
  - The school maintains a Training Register (Appendix 4) recording names, dates of training and planned refreshers.

- Refresher training will be provided at least every 24 months (or sooner if trainer guidance advises). The Headteacher will ensure training content remains aligned to DfE guidance and local safeguarding expectations.
  - Staff must not share or adapt trained techniques informally. Any suggestion to deviate from trained approaches must be reported to the Headteacher who will review and, if appropriate, consult training providers and governors.
7. Positive Handling Plans (PHPs) and individual planning
- A PHP is required when a child's needs indicate a foreseeable likelihood that restrictive physical interventions may be needed (e.g. repeated incidents, high risk of harm). A PHP must be co-produced with parents/carers and, where appropriate, the child, SENCO, health professionals and other agencies.
  - PHPs must include: child details, positives and strengths, identified triggers, clear prevention strategies, preferred de-escalation techniques, authorised RPI techniques (if any) with named trained staff, recording and reporting arrangements, review dates and signatures of those involved.
  - PHPs will be reviewed termly, after any significant incident, and whenever needs change. Parents/carers must be given a copy and staff with a legitimate need to know will have access; PHPs are stored securely in line with data protection.
  - Where a child has an EHCP or ISP, PHP actions must align with these documents.

## 8. Recording, reporting and retention of incidents (statutory requirements)

### 8.1 Definition: Significant incident

A significant incident for statutory recording and reporting is any event where:

- restraint/restraint-type RPI or seclusion is used; or
- any use of force causes, or could reasonably be expected to cause, injury or distress; or
- seclusion is used (child confined and prevented from leaving); or
- any use of force that results in medical attention, injury, complaint, safeguarding concern, or where parents request a formal record.

Incidents involving low-level guiding or brief escorts that cause no injury and do not involve restraint or seclusion should be recorded on CPOMS/Provision Mapper as part of routine behaviour management but do not automatically meet the statutory threshold unless the above conditions apply.

### 8.2 Staff reporting duties and timescales

- Any member of staff involved in, or witnessing, a significant incident must report it to the Headteacher or Deputy Headteacher immediately.
- A written record of a significant incident must be completed as soon as practicable and ordinarily on the same day. Staff must ensure the statutory incident log (Appendix 2) and the statutory checklist (Appendix 3) are completed.
- Parents/carers must be informed as soon as practicable and ordinarily on the same day, and provided with a copy of the written incident record, unless doing so would

be likely to result in significant harm to the child (in which case the school will consult safeguarding leads and take alternative steps to safeguard the child, while informing any parent(s) who can be contacted safely).

- The school will notify other agencies where required (e.g. local authority children's services, LADO) in line with safeguarding procedures.

### 8.3 Minimum content of records

Records must include as a minimum (see Appendix 3):

- child's name, date of birth and relevant SEN/EHCP status;
- date, times (start and end) and precise location of incident;
- names of adult(s) involved and witnesses;
- detailed factual account of events and identified triggers;
- prevention/de-escalation strategies used and their effectiveness;
- reason for use of force/seclusion, why it was judged necessary and proportionate;
- description of methods/techniques used (including whether seclusion, escort, standing or seated hold etc.);
- any injuries to child or staff and first aid/medical treatment provided;
- names of parents/carers notified, how and when they were informed and whether they received a written copy;
- post-incident support provided to child and staff, any follow-up actions (PHP review, referral);
- signatures of staff completing the record and the Headteacher/Deputy who review and sign the record.

### 8.4 Storage, retention and access

- All significant incident records will be kept on [CPOMS/secure RPI log] as the official record.
- Records will be retained in accordance with the school's retention schedule and local authority guidance. Access is limited to staff with a legitimate need to know and to governors/inspectors or other statutory bodies on request.
- Anonymised summary data will be used for governance monitoring

## 9. Governance, review and monitoring

- The governing body is responsible for ensuring the school has clear procedures for recording and reporting significant incidents, and for monitoring practice and outcomes.
- The Headteacher will provide anonymised reports to the governing body/safeguarding governor including: number of significant incidents, patterns (repeat pupils, times, locations), links to SEND, outcomes of post-incident reviews and training implications.
- The governing body will review these reports and challenge leaders on trends and ensure action is taken where needed to improve prevention and support.
- Where a pattern indicates excessive use or disproportionate impact on a child or group, the school will take corrective actions including multi-agency review, staff training, and revision of PHPs.

#### 10. Post-incident support and debrief

- Immediately after an incident, staff must ensure medical care and emotional support for the child and staff involved. First aid must be provided where necessary and injuries recorded.
- A debrief will be held for staff involved (conducted by the Headteacher/Deputy or an appropriate senior leader) as soon as practicable to ensure staff welfare, to review practice and identify lessons learned.
- Restorative conversations between the child and staff should take place when all involved are calm and able to engage. These will normally be facilitated by a member of the leadership team or a trained mediator and recorded.
- The incident will trigger a review of the child's PHP, risk assessment and wider behaviour support; changes will be made and shared with parents/carers and staff as appropriate.

#### 11. Aggression towards staff, staff welfare and injury reporting

- Staff who experience verbal or physical aggression should prioritise safety, seek help early, give space where appropriate, swap with another staff member to change the dynamic, and use open palmed or caring-C approaches where trained to do so.
- All physical injuries to staff must be recorded and reported to the Headteacher or School Business Manager. The Headteacher will decide if injuries should be reported to the local authority or Health & Safety Executive in line with reporting requirements.
- The school will provide timely supervision and pastoral support to staff, including access to counselling or occupational health where appropriate.

#### 12. Concerns, complaints and safeguarding/allegations

- Any concern, complaint or allegation about the use of force or RPI should be raised through the school's complaints procedure and safeguarding/allegation protocols.
- Where an allegation of assault or abusive behaviour arises, the Headteacher must be notified immediately. The school will follow its Child Protection Policy, KCSIE guidance and the Managing Allegations procedures. The LADO and local authority will be notified where appropriate.
- If the allegation concerns the Headteacher, the Chair of Governors must be informed immediately. Governors will be informed of complaints and outcomes in line with confidentiality requirements.
- Parents/carers dissatisfied with the outcome of a complaint can follow the school's complaints procedure and, where appropriate, seek external routes including the local authority or the Education and Skills Funding Agency.

## Positive Handling Plan

Student's Name:   
 Staffing ratio:

Date of Birth:   
 Year Group:

**Positives** *(Please list what the student is good at and what they like)*

### Challenging Behaviours, level of risk and Triggers

*(Please list risk behaviours and common situations/triggers that have led to problems in the past)*

Behaviour	Level of risk			Triggers
	L	M	H	
<i>e.g. Kicking</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Level of Risk Presented** *(Please tick box)*

Low Risk	<input type="checkbox"/>	Medium Risk	<input type="checkbox"/>	High Risk	<input type="checkbox"/>
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### Modifications to the Environment, Communication and/or Routines

*What can staff do to prevent situations from arising)*

*e.g. symbol supported timetable*

### Preferred De-escalation Strategies *(What tends to calm things down)*

- |                         |                          |                     |                          |                 |                          |
|-------------------------|--------------------------|---------------------|--------------------------|-----------------|--------------------------|
| Verbal advice & support | <input type="checkbox"/> | Distraction         | <input type="checkbox"/> | Reassurance     | <input type="checkbox"/> |
| Planned ignoring        | <input type="checkbox"/> | Safe touch          | <input type="checkbox"/> | Calm support    | <input type="checkbox"/> |
| Calm body language      | <input type="checkbox"/> | Offered withdrawal  | <input type="checkbox"/> | Humour          | <input type="checkbox"/> |
| Time out in safe space  | <input type="checkbox"/> | Reminder of success | <input type="checkbox"/> | Allow to go out | <input type="checkbox"/> |
| Reminder of consequence | <input type="checkbox"/> | Choices offered     | <input type="checkbox"/> |                 |                          |

**Advisable RPI Techniques – If applicable** (*Combination of least intrusive and most effective*)

- |                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Standing | <input type="checkbox"/> Standing | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Seated   | <input type="checkbox"/> Seated   | <input type="checkbox"/> Seated   |

\*If the student is considered a 'small child' please tick box

**Level of Risk Presented when RPI applied** (*Please tick box*)

Low Risk	<input type="checkbox"/>	Medium Risk	<input type="checkbox"/>	High Risk	<input type="checkbox"/>
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**Follow Up** (*Where, when and how to debrief and repair after an incident*)

*e.g. restorative justice (pupil to apologise) or fresh start to save face.*

**Notifications** (*Who has the PHP been shared with*)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Head-Teacher     | <input type="checkbox"/> Deputy Head          | <input type="checkbox"/> Assistant Head / SENCO |
| <input type="checkbox"/> Student          | <input type="checkbox"/> Teacher              | <input type="checkbox"/> LSA                    |
| <input type="checkbox"/> Parents / carers | <input type="checkbox"/> Health professionals | <input type="checkbox"/> All Staff              |

Date:

Review Date:

**APPENDIX 2**

**Physical Intervention Log**



Childs Name:		Class:	
Date of birth:			
Date of incident:		Time of incident:	
Duration:			
Location incident occurred:			
Reason for physical intervention (tick):	Danger to self [ ] Damaging property [ ]	Danger to others [ ] Disrupting learning [ ]	

What was the context:	
What was the trigger:	
What de-escalation techniques were used:	
Details of physical intervention used:	
How was the situation resolved:	
Details of debrief:	
Details of any injury or first aid:	
Indicate any further actions e.g. PHP / updates	

Parents informed:	Yes	No	
How informed:	Telephone [ ]	Face to face [ ]	Other:

Names of adults:	
Signed:	
Reported to:	

### Appendix 3 – Recording guidance: minimum information (checklist)

- Child identifiers (name, DOB, class)
- Date, times (start/end), location
- Staff and witness names and roles
- Clear factual sequence of events
- Trigger and antecedent information
- De-escalation strategies used
- Reason for RPI/seclusion and legal justification (to prevent harm)
- Detailed description of technique(s) used
- Injuries and medical treatment (child and staff)
- Parent/carer notification details and copies provided
- Safeguarding referrals / LADO / Police involvement

- Follow-up actions and PHP review date
- Signatures and dates