

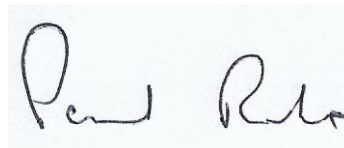


**HALLMOOR
SCHOOL**

Use of touch protocol

Date of Adoption:	
Review date:	Autumn 1 2023

Chair's name and signature: Paul Roberts



Date: 30.11.2022

This protocol is in place to ensure that all staff carry out safe, confident and dignified practice when using appropriate, necessary and/or planned touch.

This protocol should be read and implemented in line with the following;

- Safeguarding Policy
- Engagement Policy
- First aid Policy
- Intimate Care Policy
- Lone Working Policy

Why we use touch

Used in context and with empathy, touch supports the development of natural interaction with the children we care for.

It can be key to developing fundamental social, behavioural and attention skills, whilst offering physical support to those pupils who need it. The guidelines that follow describe the school's procedures on the use of appropriate physical touch. Touch is important and may be used routinely to support many aspects of the following:

- Communication development
- Educational development
- Physical support and development
- Social and emotional development
- Personal development

In all cases, touch will be initiated with the utmost care, in the best interest of the child and allow for the dignity of both child and adult to be preserved. It will also not seek to de-skill the child, but to support their path to the highest level of independence in the following areas as possible.

Communication development

Touch is beneficial as part of the process of establishing the fundamentals of communication (Nind and Hewett, 1994). Touch can be a necessary means to reinforce other communication (e.g. hand on shoulder when speaking) or to function as the main form of communication in itself. Touch enables staff and pupils to respond non-verbally or to respond to another person's own use of physical contact for communication. This is particularly likely to occur during intensive interaction or day to day greetings (hand shakes, high fives etc.) Touch cues, hand over hand signing, physical prompts and Intensive Interaction are aided and developed by the use of supportive touch.

Educational development

Touch can also be used to direct children in educational tasks and in the developing of skills. Physical prompting and support, gestural and physical prompts during learning activities such as hand-over-hand support and hand-under-hand support.

Total body movements, experiencing both fine and gross motor body movements with an adult, may form part of an introduction to a task or be used in order that the pupil may complete a given task. For example, in art it may be necessary to facilitate initial experiences with a new medium or to encourage/develop multi-sensory exploration/experience of natural materials.

Play-based activities naturally include touch. People of any age who are at early levels of development are likely to be quite tactile and physical.

Physical support and development

Physical support of a pupil in activities such as sensory circuits, swimming and Physical Education or to carry out therapy programmes such as massage, sensory stimulation, Tac Pac, occupational therapy, rebound therapy and Sensory Integration may be offered through a trained therapist or member of staff operating following an assigned programme.

Touch may be needed to help with mobility or as part of an activity where a pupil needs support when moving. It may be appropriate to facilitate correct positioning and to follow physiotherapy programmes — when a pupil is standing, kneeling, walking, sitting.

Touch for safety may be needed for example if a pupil overbalances as a result of a need or through accident.

Social and emotional development

Touch is an effective way to communicate affection and warmth. It produces stress reducing hormones, offering emotional containment, security and comfort. Touch can offer reassurance and support for distressed or upset pupils and support the building of safe and secure relationships. Cautionary touch should be used with pupils who are sensitive to touch, touch defensive or may have a history of receiving negative touch.

Personal development

Some of our pupils require support to develop their ability to meet their own basic needs such as feeding and self-care:

Feeding and drinking:

- Total feeding — when a pupil is unable to feed himself/herself.
- Co-active feeding
- Wiping/cleaning a pupil when they have finished their meal.

Toileting:

- Lifting of a pupil, always using hoists where possible.
- Dressing/undressing/changing/pulling pants and trousers or skirts up or down.
- Checking of nappies/pads and pants without necessarily changing them.
- Support on the toilet or specialist toilet chair — this may involve strapping a pupil in, holding pupils legs whilst they are on the toilet and supported standing/sitting.
- Genital/anal contact — wiping, washing, application of creams/treatments.

Other Personal Care

- Hygiene - Wiping noses, washing faces, washing hands, cleaning teeth and hair, nail and skin care, Support in removal and putting on/ taking off clothes.
 - Introducing new tasks. (Early skills training).
 - Oral skills — for example, lip and tongue awareness: teeth cleaning.
 - Generally — this may involve head support, placing food into a pupil's mouth, rearranging the pupils positioning and removing objects from a pupil's mouth.
 - Choking — this may involve removing a pupil from the seating that he/she is in, removal of obstruction or putting the pupil in a head down position over the knee or shoulder and slapping them on the back — this may result in bruising.
 - Restraining a pupil's limbs where there is involuntary movement or self injury.
-
- Medical such as use of prescribed emollients for skin conditions

2.8 Swimming

- Changing a pupil — this will range from minimal support to total support and will include the removal of clothing, putting on armbands, discs, rubber rings, swimming hats (often requires two adults), showering pupils and putting earplugs (parental permission).
- Holding a pupil on moving and static apparatus.
- Co-active work to develop whole body awareness.
- Physical prompting.

2.9 Playtime/outdoor apparatus

- Lifting and supporting.
- Swinging.
- PE games

2.10 Dressing

2.11

2.

2.14 Transporting pupils

- Lifting/supporting pupils in or out of vehicles including wheelchairs and other equipment.
- Strapping pupils into vehicles.

2.15 Injury and First Aid

- Administrating appropriate measures and if necessary consulting First Aider.
- Administration of drugs in and out of school.

3. Personal contact between staff and pupils

3.1 Control

This is positive guidance for pupils: it may or may not involve physical contact.

- Watching or sitting close by pupil.
- Holding hands, linking arms when walking along, safe hands techniques.
- Co-actively working through an activity.
- Sifting a pupil on a chair when others are sitting on the floor.
- Placing hand on shoulder to remind him/her that an adult is there.
- To intervene physically to prevent injury to pupil or others — remove hand if pupil is biting himself, move object from pupil if it is being used in a dangerous way, to stop pupil running, e.g. along corridor, if verbal instruction is not reacted to, lead pupil away from incidents to prevent from getting worse.
- Time out — to remove pupil temporarily from class/activity. Pupil should remain under appropriate supervision of an adult.
- Sitting on floor or on chairs with pupil between two adults — safe hands techniques.

3.2 Restraint

Use of restraint may be necessary with any of our pupils. In instances where a pupil needs to be restrained in order to prevent him/her injuring him/herself or others due to ongoing behavioural difficulties, a risk reduction plan should be negotiated, in which parents are aware of the difficulties and the restraint used. Our staff use Team Teach strategies and are fully trained using an accredited trainer. Techniques are shared with parents and carers. (Further information in our behaviour management protocols and policies)

At all times we aim to maintain the dignity and safety of the pupils and the staff. Using the breakaway technique or restraints agreed between school and parents/carers may cause accidental bruising. This may involve more than one member of staff.

3.3 Holding on transport (minibus)

This may happen after the initial restraint described above and is different in that the situation is calmer and the adult may find it appropriate to sing, talk, and rock the pupil at the same time. With some pupils in school this may happen after a 'normal' temper tantrum.

It may involve holding the pupil to give security and comfort when the pupil is distressed. Use may be necessary to prevent damage to self and others. This may be carried out by holding limbs in a 'cuddle hold' for example. The intention is gradually to release this into a cuddle as the pupil recovers introducing him/her back into the activity as appropriate.

3.4 Holding in order to feed/change nappy etc

Occasionally it is necessary to hold a pupil in order that he/she may be fed or changed. This may involve light holding of arms — adult hands holding pupil's hand still while being fed, adult hand holding pupils hands or legs still while nappy/pad is changed or pupil being washed. Very often holding pupils correctly is done with the advice of other professionals and always with the knowledge of the parents/carers.

3.5 Unacceptable

- To hurt/injure pupil.
- To put members of staff and other professionals at risk
- To regularly restrain a pupil without fully informing the parents/carers and without agreeing a care and control plan.
- To leave a pupil unattended.
- Using another pupil's physiotherapy chair or similar restraining device.

3.6 Using physiotherapy equipment

In order to use the equipment pupils need to be lifted, supported *and* maneuvered into a variety of positions.

To give pupils appropriate physical access to the curriculum — chairs, stands (may be move short distances to position the pupil at an activity). Gaiters, wedges, wheelchairs, rollators, walking aids (e.g. tripods), trolleys, walking/standing slings with overhead tracking, specialist

support chairs, splints and bikes. All moving and positioning is done following advice from a physiotherapist.

3.7 Occupational Therapy Programmes

(in conjunction with the Occupational Therapist)

- Stretching, sitting, standing, teaching to crawl, roll etc.

3.8 Moving without equipment

Free standing with adult support, changing positions to aid independent movement, walking with adult support, holding hands to guide, holding hips, shoulders, elbows to guide, sitting position — long sitting between legs.

3.9 Physical contact necessary for mobility

- Mobility between activity/transferring pupils to other areas of the school. Pushing in wheelchairs or operating controls on electric wheelchairs.
- Facilitating the use of rollators.
- Pupils requiring physical support to move.
- Pupils requiring physical support between activities due to behavioural difficulties.
- Pupils requiring the security of an adult to move around a large space.
- When the activity is potentially dangerous and approach incorrectly e.g. the wires around a computer area, climbing into/out of the minibus, on and off PE equipment, pupil running out to a taxi/minibus, touching switches, plugs, equipment inappropriately, dangerous behaviour at the swimming pool, etc.

3.10 Risk Assessments

Where staff are engaged in physical contact requiring either restraint or potential injury (to pupil or adult) a **formal risk assessment must be completed.**