Intimate Care Policy

Shincliffe CE Primary School

Adopted: September 2026

Review: September 2028

Introduction

The purpose of this policy is:

- To safeguard the rights and promote the best interests of the children
- To ensure children are treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one
- To safeguard adults required to operate in sensitive situations
- To raise awareness and provide a clear procedure for intimate care
- To inform parents/carers in how intimate care is administered
- To ensure parents/carers are consulted on the intimate care of their children

Principles

It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible. As far as possible, the child should be allowed to exercise choice and should be encouraged to have a positive image of his/her own body. It is important for staff to bear in mind how they would feel in the child's position. Given the right approach, intimate care can provide opportunities to teach children about the value of their own bodies, to develop their safety skills and to enhance their self-esteem. Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young persons' right to privacy and dignity is maintained at all times. Innocent and well-intentioned physical contact can sometimes be misconstrued and this policy sets out our school's approach and aims to avoid such difficulties.

Definition

Intimate care is one of the following:

- Supporting a pupil with dressing/undressing
- Providing comfort or support for a distressed pupil
- Assisting a pupil requiring medical care, who is not able to carry this out unaided
- Cleaning a pupil who has soiled him/herself, has vomited or feels unwell

Supporting dressing/undressing

Sometimes it will be necessary for staff to aid a child in getting dressed or undressed particularly in Reception and Key Stage 1. Staff will always encourage children to attempt undressing and dressing unaided and will limit any physical contact to that which is absolutely necessary.

Providing comfort or support

Children may seek physical comfort from staff (particularly children in Reception). If physical contact is deemed to be appropriate staff must provide care which is suitable to the age, gender and situation of the child. If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable.

Incidents such as these should be communicated to Headteacher or Deputy Headteacher and recorded on the school chronologies document.

Special Educational Needs

There may be situations where positive touch is used to provide support to young pupils and/or those with special educational needs. 'Planned touch' should be recorded within a child's support plan or EHCP if they have one. Supportive touch should be limited to hands, arms and shoulders unless a plan specifies otherwise.

Restrictive Physical Intervention

There may be times when staff have to make use of restrictive physical intervention to prevent risk to life/limb/property, injury or disruption. Some school staff are trained in Team Teach methods and the support of these staff members should be sought whenever possible depending on the situation.

First Aid

Appropriate touch will be used as necessary to perform first aid. The adult performing first aid will always verbalise what they are doing (e.g. "I am going to wipe your knee.") and seek consent from the child, where possible and as appropriate to the situation/emergency. When the injury involves the torso of a child, the adult will seek the support of another member of staff whenever possible before clothing is disturbed or removed however this should not delay first aid treatment if another adult is not available in an urgent/emergency situation. All first aid is recorded in the first aid folder/book.

Medical procedures

If it is necessary for a child to receive prescribed medicine during the school day parents must fill out a permission form from the school office and discuss their child's needs with a member of staff before the school agrees to administer medicines or medical care. It must be made clear to parents that staff administration of medicines is voluntary. Any member of staff giving medicine to a pupil should check the prescription label for the following:

- The pupil's name
- Prescribed dose
- Expiry date

Any member of staff giving medicine to a pupil should also check the permission form that has been filled in by the child's parent.

Particular attention should be paid to the safe storage, handling and disposal of medicines. The Head Teacher has prime responsibility for the safe management of medicines kept at school. This duty derives from the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

School staff are also responsible for making sure that anyone in school is safe. Medicines should generally be kept in a secure place, not accessible to pupils but

arrangements must be in place to ensure that any medication that a pupil might need in an emergency is readily available.

When a child has a particular medical need and/or disability that requires intimate care, an intimate care risk assessment will be completed by the Headteacher and/or SENDCO and shared with all staff involved in the care of that child. It will also be shared with the parents/carers and the child (as appropriate to age and level of understanding).

Soiling

Intimate care for soiling should only be given to a child after the parents have given permission for staff to clean and change the child. Parents/carers who have children attending our Reception class are asked to sign a permission form so that the Early Years staff can clean and change their child in the event of the child soiling themselves. This permission will also extend to the changing of children who have wet clothing due to water play, the rain or snow.

If a parent/carer of a Reception child does not give consent, or the child is in Year 1 or Year 2, the school will contact the parents or other emergency contact giving specific details about the necessity for cleaning the child. If the parent/carer or emergency contact is able to come within a short time, the child is comforted and kept away from the other children to preserve dignity until the parent/carer arrives. Children are not left on their own whilst waiting for a parent/carer to arrive, an adult will stay with them, giving comfort and reassurance. The child will be dressed at all times and never left partially clothed. If a parent/carer or emergency contact cannot attend, the school will seek to gain verbal consent from a parent/carer for staff to clean and change the child. This permission will be sought on each occasion that the child soils him or herself.

If the parents and emergency contacts cannot be contacted the Head Teacher (or Deputy Head Teacher) will be consulted. The needs of the child will always be paramount and a decision will be made to change/clean a child if necessary.

When changing/cleaning a child, staff should always be aware of the possibility of invading a child’s privacy and will respect the child’s wishes and feelings.

If a child needs to be cleaned, staff will make sure that:

- Protective gloves are worn
- The procedure is discussed in a friendly and reassuring way with the child throughout the process
- The child is encouraged to care for him/herself as far as possible
- Physical contact is kept to the minimum possible, to carry out the necessary cleaning
- Privacy is given appropriate to the child's age and the situation
- All spills of vomit, blood or excrement are wiped up and disposed of appropriately
- Any soiling that can be, is flushed down the toilet
- Soiled clothing is put in a plastic bag, unwashed, and sent home with the child
- The parent/carer who collects the child will be verbally informed.

Hygiene

All staff must be familiar with normal precautions for avoiding infection, must follow basic hygiene procedures and have access to protective, disposable gloves.

Physical Education and Similar Subjects

Classroom staff may need to use some physical contact to demonstrate techniques in curriculum subjects such as Physical Education. The staff member will always seek verbal consent for this and will be clear about what touch will be involved including naming the body parts to be involved (e.g. “I will put my hand on your shoulder.”). Touch will always be limited to that which is essential and be for the shortest length of time possible. Touch to a child’s face or torso below the shoulders should be avoided.

Protection for staff

Members of staff need to have regard to the danger of allegations being made against them and take precautions to avoid this risk. These should include:

- Gaining a verbal agreement from another member of staff that the action being taken is necessary
- Allow the child, wherever possible, to express a preference to choose his/her carer and encourage them to say if they find a carer to be unacceptable
- Allow the child a choice in the sequence of care
- Be aware of and responsive to the child's reactions
- Record incidents involving touch/physical contact on the school’s chronologies.

Safeguards for children

There is an obligation on schools to ensure that staff who have substantial, unsupervised access to children undergo police checks. All staff at Shincliffe C of E Primary School are DBS checked on application and cannot undertake tasks within school until all checks are completed satisfactorily. The DBS aim is to help organisations in the public, private and voluntary sectors by identifying candidates who may be unsuitable to work with children or other vulnerable members of society. Personal and professional references are also required and unsuitable candidates are not permitted to work within the school. All those working with children should be closely supervised throughout a probationary period and should only be allowed unsupervised access to children once this has been completed to their supervisor's satisfaction. It is not appropriate for volunteers or students to carry out intimate care procedures.