



# **Intimate Care and Close Contact Policy**

River Bank Primary School

2025

## Introduction

It is our intention to develop independence in each child; however, there will be occasions when help is required.

**Intimate care** is any care that involves washing, touching or carrying out a procedure to intimate personal areas, which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes supervision of pupils involved in intimate self-care and cleaning up a child after they have soiled themselves. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. Any child with intimate care needs will have a care plan detailing their needs, any support needed and the care strategies to be used.

**Close contact** activities are those where physical contact extends beyond that covered in our Touch Policy, but not involving intimate areas. This may occur during support with feeding and drinking, physiotherapy, massage and changing for PE. It may involve providing comfort and using touch with a pupil whose developmental stage requires physical contact to build a trusting relationship with a key adult. It may involve using touch when working with children with social, emotional and mental health needs and looked after, or previously looked after, children. Any child with close contact needs will have a care plan detailing their needs, any support needed and the care strategies to be used.


The issue of intimate care and close contact is a sensitive one and will require staff to be respectful of a child's needs and any child protection issues. A child's dignity should always be preserved with a high level of privacy, choice and control. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children wherever possible.

River Bank Primary School is committed to ensuring that all staff responsible for the intimate care of children, or who give close contact support, will undertake their duties in a professional manner at all times. Our school recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

This intimate care and close contact policy should be read in conjunction with the school's policies as below:

- Safeguarding Policy
- Code of Conduct for Employees Policy
- Whistleblowing Policy
- Health and Safety Policy
- Special Educational Needs and Disability (SEND) Policy
- Touch Policy
- Positive Handling Policy
- First Aid Policy

Only a limited number of pupils will require a care plan, so not all SEND pupils will have a plan. All other pupils should be cared for following the school's Touch Policy.



## **Rationale**

At River Bank Primary School maintaining each pupil's dignity with proper regard for privacy is at the heart of all personal care activities. This must be combined with fulfilling our duty of care, mutual safety and hygiene. All procedures must have due regard for dignity and privacy and take into account age, gender, culture, physical needs and developmental needs.

At River Bank Primary School our approach to intimate care and close contact activities is one that is based on meeting the needs of the individual pupil taking account of their special needs or disability.

## **Purpose**

The purpose of the policy at River Bank Primary School is to:

- Uphold pupils' rights to privacy and dignity.
- Identify situations that have elements of close personal/intimate contact.
- Recognise the responsibilities of adults involved.
- Safeguard pupils.
- Safeguard adults from any misinterpretation of action.
- Where appropriate, involve the pupil in decisions about their intimate care or close contact activities.
- Ensure consistency of action whilst being sensitive to individual need.

## **Individual Care Plan**

Individual Care Plans will be drawn up for children requiring ongoing intimate care to suit their individual circumstances (Appendix 1).

It is vital that these individual care plans are prepared prior to admission or when the need is first identified. If intimate care or close contact appears necessary and the child does not yet have a care plan, then the member of staff should inform the SENDCO or Head Teacher at the earliest opportunity (the same day). Care plans will be prepared in consultation with parents and external professionals, as appropriate. Where possible opportunities are made for the child and family to meet the staff who will be providing intimate care. The plan should be signed by all who contribute and reviewed on a regular basis. When writing a plan, whole school and classroom management considerations should be taken into account, for example:

- The importance of working towards independence.
- Arrangements for home/school transport, sports days, school visits, swimming etc.
- Substitutes in case of staff absence.
- Strategies for dealing with bullying/harassment (if the child has an odour for example).
- A system to leave class with minimum disruption.
- Avoiding missing the same lesson.
- Awareness of discomfort that may disrupt learning.
- Implications for PE (changing, discreet clothing etc.).

Any plan should be clearly recorded to ensure clarity of roles, responsibilities and expectations. A procedure should be included to explain how concerns arising from the intimate care process

will be dealt with. This is the responsibility of the SENDCO. Care plans will be reviewed as required, but at least on a termly basis and discussed with the parents/carers.

Where an Individual Care Plan exists, there should also be an intimate care agreement (Appendix 2) signed by the parents.

An intimate care log (Appendix 3) will be completed whenever a child is supported or supervised during intimate care.

### **Close Contact Plan**

Pupils who require regular close contact care will have an Individual Care Plan, in which case, the guidelines for individual care plans given above shall be followed.

### **Medical Procedures**

Pupils who require medical procedures should have a care plan that takes the following into consideration:

1. All procedures to be kept up-to-date with information from health professionals and parents.
2. Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the care plan and will only be carried out by staff who have been trained to do so.
3. It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
4. Any members of staff who administer first aid should be appropriately trained in accordance with First Aid Policy. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

### **Toileting**

Pupils who require support with toileting should have a care plan that takes the following into consideration:

1. The need for privacy, whilst being aware of the need to protect staff from allegations and pupils from possible inappropriate touching. Students that require hoisting should be two to one to safeguard both pupils and staff.
2. Consistency of approach with necessary information being communicated to all appropriate staff.
3. Reference to Learning Plans and Manual Handling Risk Assessments.
4. Encourage as much independence as possible using the progression of skills.
  - Opportunity
  - Dependence
  - Co-operation

- Participation
  - Supervised independent action
  - Independence
5. Be aware of assistant's own personal hygiene and use of appropriate aids – gloves, aprons etc.
  6. Be aware of general hygiene and disposal of waste.
  7. Give sufficient time for the pupil to achieve, to be aware of expectations and be familiar with the type and frequency of prompts.
  8. Ensure females (and boys who catheterise) are cleaned front to back.
  9. Creams etc., only to be used with written permission from parents and in most cases with a pharmacy label.
  10. There must always be a female lead for changing females and where possible a male lead to change males.
  11. Staff are trained/signed off by the school nurse as confident and competent for medical interventions, e.g. colostomy and catheterisation and Care Plans are up-to-date and followed.
  12. Secure documented parental agreement to procedures and Care Plans.
  13. Any beds used will be thoroughly cleaned and disinfected after use.
  14. Pupils will only be left alone in a bathroom if they are independent toilet users or are safely strapped on to a toilet seat and can independently call out for assistance if and when required.
  15. Give verbal prompts/instructions before touching, moving or handling pupils.
  16. Have due regard for instructions given by therapists regarding individual pupils' movements/transfers etc.
  17. Always use equipment recommended to assist with moving/transfers.
  18. The child or young person should be encouraged to engage in the intimate care procedure and to work towards independence and helped to do as much as possible for him/her.

## **Nappy Changing**

Children who are not yet fully toilet trained will require their nappies or pull-ups to be regularly checked and changed.

Pupils who require nappy changing should have a care plan that takes the following into consideration:

1. The need for privacy, whilst being aware of the need to protect staff from allegations and pupils from possible inappropriate touching. Students that require hoisting should be two to one to safeguard both pupils and staff.
2. Any member of staff who is DBS checked has a responsibility to change a child's nappy should it be soiled. Children should be changed at lunchtime, at home time and at any other time during the day should it be necessary.
3. Nappies or soiled clothing should be changed in the toilet area. Dignity should be maintained at all times.
  - a. Children or young people should have their nappies changed in a standing up position and encouraged to sit onto a toilet.

- b. Parents should provide nappies, nappy sacks, wipes and spare clothing for children who may require them throughout the school day. Some classes may have a small stock of nappy sacks, wipes, spare clothing and nappies, which can be used if a parent has forgotten to send in these items. However, parents should be asked to send in these items as quickly as possible as the school will not have an endless supply. A letter asking parents to send in the required items should be sent out (Appendix 4).
- c. Soiled nappies should be double wrapped and placed in the hygienic disposal unit.
- d. Staff should wear the disposable gloves and aprons when dealing with soiled clothing or nappies. The changing area should be cleaned after use.
- e. Hot water and soap should be available to wash hands after the task has been completed. Paper towels should be available for drying hands.
- f. If a child is unduly distressed about having their nappy changed, parents should be contacted to discuss the matter and the care plan amended to reflect any changes, which might include a social story.
- g. If marks or injuries are noticed on a child, then staff should follow the procedure as outlined in the Safeguarding Policy.
- h. A poster on nappy changing is given in Appendix 5 and should be posted at any nappy changing areas.

## **Periods**

Some children will develop periods during their Primary Education. They should be supported and encouraged to keep their own supply of sanitary protection without having to request it from staff/carers. A central bank of sanitary protection will be stored in the medical room and in the year 4/5/6 toilets. However, it should be recognised that some children will not know how to deal with menstruation and they will need guidance and support to manage their periods appropriately. This should be provided by female staff or carers in a positive manner and is taught through the PSHE curriculum. There should also be adequate provision for the private disposal of used sanitary protection. If a child needs further assistance seek advice from the Year Lead.

## **Changing a child who has soiled him/herself**

If a child soils him/herself in school a professional judgement has to be made whether it is appropriate to change the child in school, or request the parent/carer to collect the child for changing. In either circumstance the child's needs are paramount and he/she should be comforted and reassured throughout. The following guidelines outline our procedures but we will also seek to make age-appropriate responses.

1. The child will be given the opportunity to change his / her underwear in private and carry out this process themselves.
2. School will have a supply of clean underwear and spare uniform for this purpose. A supply of clean underwear and spare uniforms are available in the first aid room.
3. If a child is not able to complete this task unaided, school staff will contact the emergency contact to inform them of the situation.

4. If the emergency contact is able to come to school within an appropriate time frame, the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.
5. If the emergency contact cannot attend, school will seek verbal permission for staff to change the child. If none of the contacts can be reached the Head Teacher is to be consulted and the decision taken on the basis of *loco parentis* and our duty of care to meet the needs of the child.
6. The intimate care log must be completed if a child has been supported or supervised.

### **Feeding/Eating/Drinking**

Pupils who require support with feeding, eating or drinking should have a care plan that takes the following into consideration:

1. All procedures to be kept up-to-date with information from health professionals and parents.
2. Account must be taken of pupils' likes and dislikes and normal routine.
3. Hygiene procedures to be adhered to.
4. Care plans indicating emergency procedures to be put in place if possible choking may be an issue.
5. The importance of social interaction at snack/lunch time should not be underestimated.

### **Assisting a child to change his/her clothes**

On occasions an individual child may require some assistance with changing if, for example, they get wet when outside, or they have vomit on their clothes etc. Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given.

1. Any member of staff assisting a child with changing their clothes should inform a colleague before providing assistance, unless this is covered in the child's care plan, in which case the care plan will be followed.
2. Staff supporting dressing/undressing will always give the child the opportunity to change in private, unless the child is in such distress that it is not possible to do so.
3. If staff are concerned in any way parents will be sent for and asked to assist their child and informed if the child becomes distressed.
4. The intimate care log must be completed if a child has been supported or supervised in changing their clothes.

### **Physiotherapy**

Pupils who require physiotherapy should have a care plan that takes the following into consideration:

1. All procedures to be kept up-to-date with information from health professionals and parents.

2. Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance must be provided and updated regularly. The physiotherapist should observe the member of staff applying the technique.
3. Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
4. Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

### **Massage**

Pupils who participate in sensory circuits receive massage and should have a care plan that takes the following into consideration:

1. Sensory circuits which would normally be a group activity with several adults present.
2. The care plan will outline the child's perceived sensory needs and suitable strategies for meeting those needs.
3. Simple massage using a ball may be included as a strategy and the adult may massage the child's torso with the ball, as appropriate.
4. Where the child can self-massage their stomach using the ball, they may do so.

### **Swimming**

Where a child needs additional support for changing before and after swimming, parental permission will be sought and an individual care plan will be drawn up so as to maintain dignity but increase independence.

### **Residential visits**

Staff should take particular care when supervising children in the less formal atmosphere of a residential setting or after-school activity. The standard of behaviour expected of staff will be no different from the behaviour expected within school. Staff involved in such activities should also be familiar with the school's policy regarding out of school activities.

Residential educational visits are an important part of our school experience. Particular care is required when supervising pupils in this less formal setting. As with Extra-Curricular Activities, although more informal relationships in such circumstances tend to be usual, staff are still guided by our Child Protection procedures, Pastoral Care and Positive Behaviour Policies. Some specific Intimate Care issues may arise in a Residential context. If they do, then seek advice from the Head Teacher.

Signature:



Adopted: March 2025

Review Date: March 2026

**APPENDIX 1**

**Individual Care Plan**

## River Bank Primary School

### Individual Care Plan

Pupil's Name	Year Group	Date of Birth	Class Teacher
<b>Timescale for Plan</b>	From:	To:	
<b>Understanding of pupil</b>			
Brief overview of their needs and the support they need. Any strengths, particular considerations, particular requirements etc.			
<b>Pupil's views</b>			
Ask who they wish to help them and what support they would like.			
<b>Agreed close contact / intimate care strategies</b>			

**Parent / carer** \_\_\_\_\_

**Child (if appropriate)** \_\_\_\_\_

**Staff involved** \_\_\_\_\_

**SENCO** \_\_\_\_\_



**APPENDIX 2**

**Intimate Care Agreement**



# River Bank Primary School

## Intimate Care Agreement

In order to best meet the needs of your children when they are with us we would like to set up an individual agreement between parents and the school with regard to intimate care.

Intimate care is any care which involves washing, touching or carrying out an invasive procedure which our children are unable to do for themselves arising from the child's stage of development.

Intimate care may involve helping with drinking, eating, dressing, toileting, or comforting. In most cases at school intimate care will involve procedures to do with personal hygiene.

Staff at River Bank Primary School providing intimate care are aware of the need to adhere to good Child Protection practice in order to minimise the risks for both the children and themselves. All school staff are supported and trained so that they feel confident in their practice.

Name of child .....

- I give permission to River Bank Primary to provide appropriate intimate care to my child.
- I understand that this will generally be carried out by staff from my child's class but may also be carried out by another member of staff.
- I have discussed with my child's class teacher the approach that I would like them to take for this the details are outlined above.

Signed .....Parent /Carer ..... date.

Signed ..... Class teacher ..... date.



**APPENDIX 3**

**Intimate Care Log**





**APPENDIX 4**

**Letter requesting supplies from parents**



Dear Parents,

Children who wear nappies will need a pack of nappies, wipes, nappy sacks and nappy rash cream if necessary, to be sent into school.

Children who are toilet training will require nappies/trainer pants/knickers or pull ups (depending on which training system is being used, which will have been decided between yourself and your child's class teacher), nappy sacks and wipes. They will also require several pairs of pants/knickers trousers/skirts and socks and at least two t-shirts and jumpers. Please ensure all clothing is named.

We have a limited amount of spare clothing to change children into if they require clean clothing. If your child gets sent home in school clothing, please can this be washed and sent back as soon as possible.

..... is running short of:

- Nappies
- Nappy sacks
- Baby wipes
- Cream
- Knickers/pants
- Socks
- Trousers/Skirts
- T-shirts
- Jumpers

(Circle which item/items are running short)

Please can these be sent into school as soon as possible?

Thank you.



**APPENDIX 5**

**Nappy Changing Poster**



## Changing nappies

Make sure another adult knows what you are doing.

Change nappies in a cubicle and be aware of privacy.

Encourage children to help as much as possible!

Children should lie on a changing mat or bed, if necessary, NOT on the floor.

Do NOT leave the child unattended.

Wear gloves and an apron.

Place nappies in a nappy sack, tie and put into the hygienic waste disposal unit.

Clean the area / changing mat afterwards.

Wash your hands with hot water and soap afterwards.