



Intimate Care Policy, June 2025

Intimate care is defined as care of tasks of an intimate nature, associated with bodily functions, body products and personal hygiene.

This policy is designed to guide anyone with responsibility for the intimate care of the children at Roger Ascham Primary School (including the Nursery). It outlines the guidelines for best practise. Only Roger Ascham Staff with a full and current DBS check are able to carry out this care.

Roger Ascham Primary School understands its legal obligation to meet the needs of **all** children. We will work in partnership with parents to make reasonable adjustments to meet the needs of each child.

Principles of intimate care

The following are the fundamental principles of intimate care upon which our policy is based:

- Every child has the right to be safe;
- Every child has the right to personal privacy;
- Every child has the right to be valued as an individual;
- Every child has the right to be treated with dignity and respect;
- All children have the right to be involved with and consulted about their own intimate care to the best of their abilities;
- All children have the right to express their views on their intimate care and to have their views taken into account and;
- Vulnerable or children with SEND have the right to be supported to have their views acted upon. This might require the use of visual aids and the presence of a familiar adult where possible.
- Every child has the right to have levels of intimate care that are appropriate and consistent.

Toilet Training

Children who are not yet toilet trained will be included in all activities. The school will work closely with the family to enable all children to develop independence with toileting. Families should be *fully* engaged with this process and should continue to practise toilet training at home. They should provide a change of clothes for their child in case of incidents.

Handwashing is modelled and expected after using the toilet, playing with messy play and before eating.

Safeguarding

All staff receive regular and timely safeguarding training.

Staff must report any concerns during intimate care to the DSL, DDSL or HT immediately.

This might include:

- Accidentally hurting a child;
- Noticing a child seems sore or unusually tender in the genital area;
- The child misunderstanding or misrepresenting something;
- The child having a very strong emotional reaction without apparent cause (sudden shouting or crying).

Intimate care is discussed with all employees during their induction. The policy will be revisited at least annually, including further training given in line with policy changes.

There should be two members of staff present when providing intimate care. Staff should be visible to others when dealing with intimate care.

When changing a child:

- Intimate care boxes are located in the school office, KS2 medical room and the disabled toilet in KS1.
- All staff should wear protective gloves and aprons for nappy changes, administering first aid or cleaning a child who has soiled themselves. The nappy and wipes should be disposed of in the designated bin;
- Medical Tracker should be completed after each incident;
- All should be treated with dignity and respect;
- Ensure privacy that is appropriate for the child's age and situation;
- Ensure that the child is as involved as they can be, allowing the child to be as independent as possible. If a child is fully dependent on the adult then talk to them about what you are doing, giving them choices where possible;
- Make sure that the child is familiar with the adults that are involved with the intimate care;
- Be aware of their reactions, encouraging them to have a positive body image;
- Ensure that the practise of intimate care is as consistent as possible and is mindful of any religious and cultural views around intimate care.

Providing comfort or support to a child

There are situations and circumstances where children seek physical comfort from staff (this may be more likely with younger children).

This should be kept to a minimum. It should be deemed to be appropriate to the age of the child and context. If the child is upset, the adult should ask how they wish to be comforted eg. a cuddle. Staff should use the Zones of Regulation to allow children to express their emotions.

If a child touches a member of staff in a way that makes them feel uncomfortable, they should gently but firmly discourage the child explaining that it is their **behaviour** that is unacceptable (not them).

The staff member should discuss this with the headteacher.

Assisting a child to change their clothes

This is more common with younger children. Children may need assistance if they have wet / soiled themselves. Staff will always encourage children to attempt undressing and dressing unaided. If assistance is given, staff will ensure there is a colleague in attendance.

If a child can attend to their own needs, they will be given the opportunity to change their underwear in private. School will have a supply of wipes, clean underwear and spare uniform for this purpose.

If a child has soiled themselves a professional judgement should be made whether it is appropriate to change the child in school or request the parent / carer to collect the child for changing. This should ALWAYS be done in consultation with the headteacher or member of SLT authorised to do so by the headteacher.

If a child has soiled themselves and cannot be cleaned sufficiently without being showered, a parent must be phoned and the situation discussed BEFORE any further action is taken. Consent to shower must be obtained, explaining which staff members will be present. If the emergency contacts cannot be reached, staff will act in loco-parentis to meet the needs of the child. In this instance, stop and speak to the headteacher (or member of SLT authorised to do so by the headteacher) to agree on the best course of action.

The needs of children who are vulnerable and/or with SEND should be considered carefully. The child's needs are paramount. They should be reassured and comforted throughout. Visual timetables should be used to outline the process and help them understand what is happening.

Details should be recorded on Medical Tracker. Parents should also be informed verbally - by phone or in person.