



**Reynalds Cross Vision:**  
*Reynalds Cross is a safe, supportive and fun environment  
that nurtures individuality and enables  
every child to flourish to be the best they can be.*

# Physical Contact and Intimate Care Policy

**Date adopted:**

**November 2025**

**Next Review date:**

**November 2026**



## Introduction

The Governing Body will act in accordance with the Education Act 2011 and current 'Keeping Children Safe in Education' to safeguard and promote the welfare of pupils at this school.

The Governing Body and Head Teacher will act in accordance with the supplementary DfE current guidance of 'Keeping Children Safe in Education'.

This School takes seriously its responsibility to safeguard and promote the welfare of the pupils and staff in its care.

Physical Contact and Intimate Care is part of everyday life at Reynolds Cross and takes place during Team Teach interventions, PSHCE, Communication, RSE and personal care. (Appendix A).

## Governing Body

The Governing Body recognises its duties and responsibilities in relation to the Equality Act 2010 which requires that any child with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

Reynolds Cross expect all staff, including health and transport staff, to be responsible for the safe, physical contact and intimate care of pupils and is committed to ensuring that those adults will undertake their duties in a professional manner at all times (see appendix A). It is acknowledged that all adults are in a position of great trust, but at the same time vulnerable and open to accusation.

Reynolds Cross recognises that there is a need to treat all pupils whatever their age, gender, disability, religion or ethnicity, with respect at all times but especially when intimate care is given. The pupil's welfare and dignity is of paramount importance. No pupil should be attended to in a way that causes distress, pain or embarrassment.

Staff will work in close partnership with parents/carers to share information and provide continuity of care. This may be through individual education plans, care plans and behaviour plans. It is acknowledged that pupils overall welfare is stronger where there is partnership.

## **Legislation and statutory guidance**

This policy complies with the Department for Education (DfE) statutory safeguarding guidance:

- Keeping Children Safe in Education
- Early Years Foundation Stage (EYFS) statutory framework

## **Concerns about safeguarding**

**If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.**

## Best Practice at Reynolds Cross

- a. It is our aim that staff who provide intimate care at Reynolds Cross are appropriately trained and take account of:

Child Protection/Safeguarding  
Team Teach  
Health and Safety  
The welfare and dignity of the pupil

- b. Permanent members of staff within school have a responsibility to undertake the following risk assessments of touch in relation to intimate care procedures and share their experience and knowledge of excellent practice.

1. Is touch really necessary?
  2. If you are administering intimate care are there other professionals around, or if appropriate, have you told someone where you are?
  3. Is the intervention appropriate to the pupil's age and understanding?
  4. Take care to establish only those personal procedures and touches that will continue to be appropriate to the individual as he/she matures.
  5. If there is an inappropriate touch - staff/pupils - tell someone immediately and record the incident.
  6. What level of communication are you using, does the pupil understand?
  7. Are you setting a good example to the pupils?
- c. Each pupil will have an intimate care plan with details of support required when being changed. This is signed by parents/carers annually.
  - d. Routines of good practice, regarding cleanliness, must be adhered to i.e. hand hygiene, protective clothing, absolute cleanliness of changing surfaces.
  - e. Staff must communicate appropriately with each pupil needing help with physical contact and intimate care in order to agree their needs and preferences. Where the pupil is of an appropriate age and level of understanding their permission must be sought and /or cues must be provided.
  - f. All pupils will be supported to achieve the highest possible level of autonomy given their age and abilities. All adult members of the school community will encourage each pupil to do as much for himself/herself as possible.
  - g. Staff must adapt their practice in relation to the needs of individual pupils taking into account their level of communication, medical condition and developmental changes such as the onset of puberty and menstruation.
  - h. Pupils who require regular assistance through physical contact and intimate care have written Intimate care plans and Risk Reduction Plans (RRPs), agreed by staff, parents/carers and any other professionals actively involved. These plans include assessments to address issues such as- moving and handling and personal safety of the pupil.
  - i. On a need to know basis staff will be informed by the designated member of staff for safeguarding children of any historical concerns such as past abuse.
  - j. Where a Care Plan or IEP is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs e.g. has had an "accident" and soiled him/herself when not developmentally expected. It is recommended practice that information on intimate care should be treated as confidential and communicated in person, by telephone or by sealed letter, **not through the home/school diary or DoJo.**
  - k. Every pupil's right to privacy must be respected. Careful consideration will be given to each pupil's situation to determine how many carers might need to be present when a pupil needs help with intimate care. Adults who assist pupils one-to-one must be employees of the school, supply staff and be DBS checked at their appropriate level.
  - l. It is not always practical or in the pupil's entitlement to privacy for two members of staff to assist with an intimate procedure. Members of staff must inform another adult if they are alone when assisting a pupil with intimate care.
  - m. Wherever possible staff should care for a pupil of the same gender. However, in some circumstances this principle may need to be waived; for example, female staff supporting boys in the school when no male staff are available. Male members of staff should not provide routine intimate care (such as toileting, changing or bathing) for adolescent girls. This is safe working practice to protect pupils and to protect staff from allegations of abuse.

- n. The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the care.
- o. All staff should be aware of the school's Confidentiality Policy. Sensitive information will be shared only with those who need to know.
- p. Volunteers/students may assist a permanent member of staff with intimate care but **must not provide such care alone or unsupervised.**

### **Management of menstrual care**

**All staff will be sensitive to the fact that:**

- **Girls at our school may start to menstruate**
- **Parents will be informed and this will be dealt with discreetly**

**The school will offer appropriate education on puberty and menstruation as part of the 'Myself and Others' Curriculum.**

### Monitoring, evaluation and review

The school will review this policy annually and assess its implementation and effectiveness. The policy will be promoted and implemented throughout school.

This Policy should be read in conjunction with the following:

- Policy for the administration of medicines
- Team Teach procedures
- Health and Safety procedures
- Child Protection Policy

## **APPENDIX A**

### **Tasks described as "INTIMATE CARE"**

- Dressing/undressing
- Helping someone to use the toilet
- Changing continence pads (urine)
- Changing continence pads (faeces)
- Bathing and showering
- Washing intimate body parts
- Menstruation management
- Medication - epilepsy - oral/rectal
- Peg feeding/tube cleaning
- Colostomy

### **Tasks described as "PERSONAL CARE"**

- Shaving
- Skin care/applying external medication
- Support with eating
- Hair care
- Brushing teeth
- Prompting to go to the toilet
- Manicure
- Hand/foot massage

- Applying deodorant
- Dressing/Undressing outer clothing
- Washing non-intimate parts of the body
- Feeding
- Hearing aids