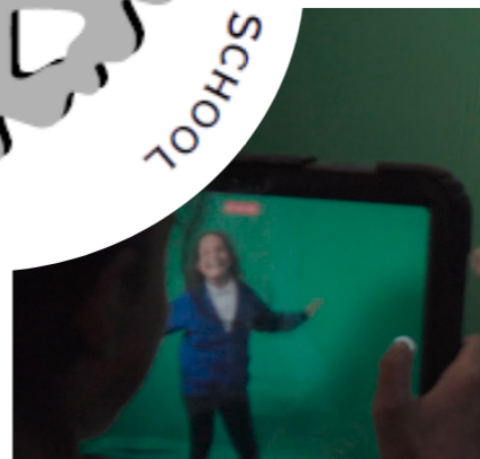


Intimate Care Policy

2025-2026



Approved by:	Date:
Last reviewed on:	14.05.2025
Next review due by:	14.05.2026

Contents

1. Aims	2
2. Legislation and statutory guidance.....	2
3. Role of parents/carers.....	3
4. Role of staff	3
5. Intimate care procedures	4
6. Monitoring arrangements	5
7. Links with other policies	5
Appendix 1: template intimate care plan	6
Appendix 2: template parent/carer consent form	7

1. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of every child are safeguarded
- Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their child are considered
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

2. Legislation and statutory guidance

1.1 This policy complies with [statutory safeguarding guidance](#). This intimate care policy should be read in conjunction with the schools' policies as below (or similarly named):

- Safeguarding policy and child protection procedures
- Staff code of conduct and guidance on safer working practice
- 'Whistleblowing' and allegations management policies
- Health and safety policy and procedures
- Special Educational Needs policy

- Administration of medicines

It also complies with our funding agreement and articles of association.

3. Role of parents/carers

3.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to sign a consent form.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents/carers (see section 3.2 below).

Where there isn't an intimate care plan in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents/carers afterwards.

3.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers and any relevant health professionals.

The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be considered. If there's doubt whether the child can make an informed choice, their parents/carers will be consulted.

The plan will be reviewed once a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

See appendix 1 for a blank template plan to see what this will cover.

3.3 Sharing information

The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant information regarding any intimate matters as needed.

4. Role of staff

4.1 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description. This includes teachers and teaching assistants.

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

4.2 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures

They will also be encouraged to seek further advice as needed.

5. Intimate care procedures

5.1 How procedures will happen

- A small risk assessment will be conducted prior to the pupil starting school. This can be done by staff to identify the best way to conduct their child intimate care whilst they are at school. This will then be communicated with parents/carers so they are informed how the procedures will be carried out.
- Within our EYFS unit, one member of staff will be changing pupils at one time. The member of staff should notify another adult when going to complete intimate care procedures. No member of staff is ever completely alone with a child and the doors to the classrooms remain open when intimate care procedures are happening.
- 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.
- Nappy changing will happen once in the morning and once in the afternoon unless required to do so in between. Pupils in pull-ups will be encouraged to access the toilet during intimate care process and encouraged to take off their pull-up independently and to put on their clean pull up afterwards. A member of staff will still be present to support and help the pupils ensure they are changed and cleaned appropriately.
- If a member of staff is carrying out intimate care procedures, they will conduct this in nappy changing room (next to Reception) or within the toileting area using the disabled cubicle.
- Depending on the pupils, they may be changed on the changing station provided. The pupil will use the steps to step up independently to lie on the changing mat to be changed. If, however, the pupil does not want to be changed on the changing mat, they can be changed with in the disabled cubicle in the toileting area which allows for more space.
- 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 health care plan and will only be carried out by staff who have been trained to do so.
- If the pupil refuses to take part in the intimate care procedures, parents will be contacted to come in and change their child.
- When carrying out procedures, the school will provide staff with protective gloves, cleaning supplies, and changing mats and bins.

- Once a member of staff has carried out their procedures, we encourage pupils to go and wash their hands and return their items to their bag, whilst the member of staff documents the procedures.

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled and discreetly returned to parents/carers at the end of the day.

5.2 Concerns about safeguarding

From a child protection perspective, it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to always be vigilant, to seek advice where relevant and take account of safer working practice.

If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Senior Lead for Child Protection or Deputy Senior Lead. A clear written record (CPOMS) of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement- seeking will not place the child at increased risk of suffering significant harm.

Accurate records on cpoms should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to EYFS Lead and DSL

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and reported to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistleblowing' policy.

6. Monitoring arrangements

This policy will be reviewed by EYFS lead annually. At every review, the policy will be approved by the Headteacher.

7. Links with other policies

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- Health and safety
- SEND
- Supporting pupils with medical condition

Appendix 1: template intimate care plan

PARENTS/CARERS	
Name of child	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	

This plan has been discussed, and I agree to change my child at the last possible moment before he/she comes to school, provide the resources indicated above and encourage my child's participation in toileting procedures at home as appropriate and where possible.

This plan will be reviewed once a year.

Next review date:

To be reviewed by:

Appendix 2: template parent/carer consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carer	
Address and contact details	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	☐
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	☐
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	☐
I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed). I understand that if the school cannot reach me or my emergency contact, if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.	☐
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	

Letter to inform parents and carers that intimate care has been carried out by school staff (for children without a care plan)

Date:

Dear Parent/ carer of:

We are writing to advise you that school had to for your child because they had a little accident. This care was carried out in accordance with our Intimate Care Policy and was carried out by the following staff member

Please do not hesitate to contact your child's teacher or our SENDCo to discuss the matter further.

Yours sincerely,

Mrs Shepherd

Letter to inform parents and carers that intimate care has been carried out by school staff (for children without a care plan)

Date:

Dear Parent/ carer of:

We are writing to advise you that school had to for your child because they had a little accident. This care was carried out in accordance with our Intimate Care Policy and was carried out by the following staff member

Please do not hesitate to contact your child's teacher or our SENDCo to discuss the matter further.

Yours sincerely,

Child's Name

Class:

Date of Risk Assessment:

	Yes	Notes
1. Does weight /size/shape of pupil present a risk?		
2. Does communication present a risk?		
3. Does comprehension present a risk?		
4. Is there a history of child protection concerns?		
5. Are there any medical considerations? Including pain/discomfort?		
6. Has there ever been allegations made by the child or family?		
7. Does moving and handling present a risk?		
8. Does behaviour present a risk?		
9. Is staff capability a risk? (back injury/ pregnancy)		
Are there any risks concerning individual capability (Pupil)? ☐ General Fragility ☐ Fragile bones ☐ Head control ☐ Epilepsy ☐ Other		

If yes to any of the above complete a detailed intimate care plan.