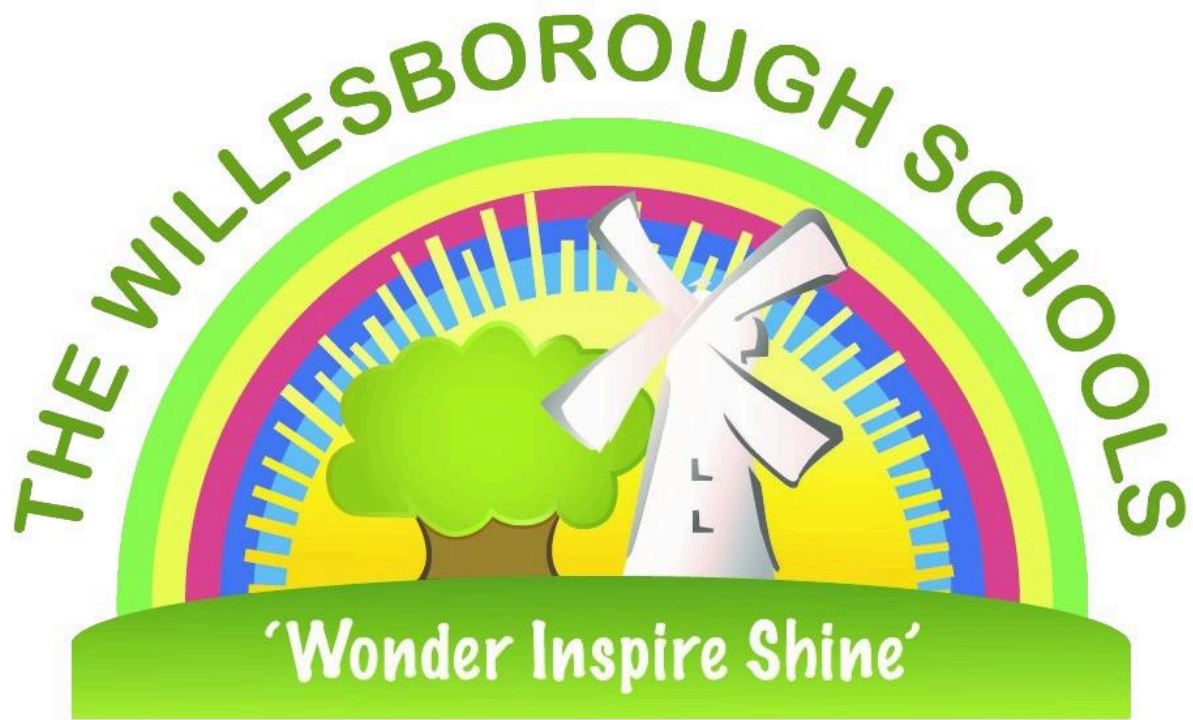




Intimate Care Policy

Governing Body Ratification Date: September 2026
Issue Date: September 2026
Next Review Date: September 2027

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1. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, privacy, 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 taken into account
- 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

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

- [Keeping Children Safe in Education](#)
- [Early Years Foundation Stage \(EYFS\) statutory framework](#)

Definition of Intimate care

'Intimate care may be defined as an activity required to meet the personal care needs of each individual child in partnership with the parent, carer and the child.'

In school this may occur on a regular basis or during a one-off incident. Intimate care, is any care, which involves one of the following:

1. Assisting a child to change clothes
2. Changing or washing a child who has soiled themselves.
3. Assisting with toileting issues
4. Supervising a child involved in intimate self-care
5. Providing first aid assistance
6. Providing comfort to an upset or distressed child
7. Feeding a child
8. Providing oral care to a child
9. Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided. *

* In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of buccal midazolam.) Parents have the responsibility to advise the school of any known intimate care needs relating to their child.

Procedures for the dispensing of medication are outlined in the school's Managing Medicines policy.

Principles of Intimate Care

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

- 🌐 Every child has a 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 and consulted in their own intimate care to the best of their abilities
- 🌐 All children have the right to express their views on their own intimate care and to have their views taken into account
- 🌐 Every child has the right to have levels of intimate care that are appropriate and consistent.

3. Role of parents/carers

3.1 Seeking parental permission

For children who need routine intimate care (e.g. for nappy changes, toileting or toileting accidents), parents will be asked to:

- Complete an Intimate Care Plan which will be created in discussion with parents/carers (see section 3.2 below).
- Provide an adequate supply of necessary items (e.g. nappies, wipes, creams, changes of clothing)

Where there isn't an intimate care plan or parental consent for routine care 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, the child (where possible) 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 taken into account. If there's doubt whether the child is able to make an informed choice, their parents/carers will be consulted.

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

See appendix 1 for a template plan.

3.3 Sharing information

The school will share information with parents/carers as needed to ensure a consistent approach.

Parents/carers are expected to also share relevant information regarding any intimate matters as needed.

4. Role of staff

4.1 Which staff will be responsible

All staff 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.

Shelly King (Assistant Headteacher) will:

- Oversee the implementation of this policy
- Ensure staff receive appropriate training and support
- Oversee the development of individual intimate care plans
- Act as a point of contact for parents/carers/staff regarding intimate care concerns

4.2 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake if and when needed
- 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

During nappy changes, toileting and any intimate care procedure, The Willesborough Schools will balance children's privacy with safeguarding and support needs.

5.1 Staffing

In general, 1 member of staff will be present with each child, except for circumstances where:

- 2 members of staff are needed to:
 - Safely handle a child who needs to be assisted
 - Use equipment such as a hoist
 - Where the intimate care requires 2 members of staff
- There is a known risk of false allegations by the pupil

In cases where a pupil needs regular intimate care, where possible, the same member of staff will assist the same pupil each time they need support. We will train 2-3 members of staff per child to cover absences, emergencies and school trips. Where possible, we will ensure that these backup members of staff are also people known to the child.

5.2 Arrangements

Procedures will be carried out in toilet cubicles or disabled toilets, considering the needs of the child.

Before going to perform intimate care on a child, the member of staff allocated to that child will inform another member of staff of where they are going, and leave doors open as much as privacy allows. Where possible, they should be within earshot of other members of staff, but the comfort and care of the child should be the priority when choosing a location.

When carrying out procedures, the school will provide staff with:

-protective gloves and cleaning wipes, clean underwear and spare uniform for this purpose.

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock 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.

All children with Intimate Care Plans are provided with Intimate Care and Nappy Change Records. Staff record the date, time, type of nappy change (wet, dry, or soiled), any creams or products applied, the staff members involved, and any observations. The times of regular nappy changes are documented within the Intimate Care Plan, and parents/carers are informed if a nappy change takes place at any other time during the day.

5.3 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.

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 a member of the Senior Leadership Team.

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 the allegation will be investigated according to the school's safeguarding procedures.

Where the school notices an increasing pattern of soiling instances, it will first hold a meeting with parents/carers and with any other relevant individuals, such as medical professionals involved with the child to discuss why this might be occurring, and how to help the child. If the pattern continues, the school's designated safeguarding lead (DSL) will be notified. If there is other evidence which indicates a safeguarding concern, the DSL may contact the local authority designated officer (LADO), who will consider whether there is a safeguarding issue.

5.4 Specific procedures for nappy changing

Any child wearing nappies will have an Intimate Care Plan (see Appendix 1), which must be signed by the parent/carer. This plan will outline who is responsible for changing the child in school, as well as where and when this will take place. This agreement ensures that both the school and parents/carers are aware of all issues surrounding the task from the outset.

Staff will use disposable gloves and aprons and will wash their hands before and after carrying out intimate care. The location for nappy changes will be discussed with parents/carers when the Intimate Care Plan is written. Nappies are disposed of in designated nappy bins, which are emptied by an external waste management provider. Each time a nappy is changed, the change is recorded in the child's Nappy Change/Intimate Care Record.

5.5 Specific procedures for toileting accidents

On occasions an individual child may require some assistance with changing if, for example, they have had a toileting accident, get wet outside, or has vomit on their clothes etc.

In this instance:

- A Staff member will encourage the child to attempt undressing and dressing unaided in the privacy of a toilet cubicle.

- The child will be verbally supported to change clothing. The school will have a supply of wipes, clean underwear and spare uniform for this purpose.
- The child's wet items of clothing will be sealed in a bag and returned to parents/carers at the end of the school day.
- If assistance is required, adults will ask the child if they consent to assistance, this will be given and another member of staff will be called upon to witness and give additional support. For example: Would you like me to help you take your trousers off and put your new ones on? If the answer is yes. I am going to take your trousers off now, can you help by lifting your foot?

Changing a child who has soiled themselves:

- If a child soils themselves 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 they should be comforted and reassured throughout. The following guidelines outline our procedures but we will also seek to make age-appropriate responses.
- The child will be given the opportunity to change their underwear in private and if they can, carry out this process independently. Consent to assist will be sought first, then two members of staff will be present, they should be well known to the child and assist as appropriate. For example: Would you like me to help you clean your bottom? If the answer is yes 'I am going to use a wipe now to clean your bottom, are you ready?'
- School will have a supply of wipes, clean underwear and spare uniform for this purpose. Staff will not do invasive cleaning unless agreed in intimate care plan based upon individual circumstances.
- When changing, the child will use one of the school toilet cubicles allowing for dignity and privacy. The child will be asked as much as possible to change themselves with gentle guidance and encouragement from staff.
- The wet/soiled clothes will then be placed in a sealed bag for the child to take home at the end of the day.
- It may be deemed appropriate once the child has been changed in school that further cleaning, bathing and changing is required. The child's parent/carer will then be informed to collect the child for further assistance at home
- Should a child regularly soil as a result of a medical condition or current medicine then an Intimate Care Plan will be devised.

Basic hygiene routines

- Staff must always wear protective disposable gloves and aprons.
- Seal any soiled clothing in a plastic bag for return to parents.
- Ensure hand-washing practises have taken place.
- If an area needs to be 'deep cleaned' make sure it is appropriately cordoned off and is not accessible until 'deep cleaning' can take place.

Children who are not yet toilet trained

When pupils are starting school without having been toilet-trained, staff will work with the pupil's parents/carers to agree an Intimate Care Plan.

The school will record the number of wet/soiling incidents in school, and liaise with the pupil's parents/carers about:

- The outcomes of relevant medical appointments attended by the child
- Whether there is a change in the pattern of wet/soiling incidents, at home or at school
- Whether the current plan is working

When supporting a child throughout their toilet-training journey, staff will communicate with them privately and discreetly. Children will be encouraged to wash their hands after using the toilet. All intimate care provided is recorded in the Intimate Care/Nappy Change Record.

First Aid and intimate care

Staff who administer first aid should ensure that they administer the care within an open environment whenever possible. The pupil's dignity must be considered at all times. Where the accident is of a more intimate nature and a child has to remove their skirts/top or trousers to show an injury the child may be taken to a more private location and another member of staff should be present. If a child reports an injury under their underwear the child should be instructed to go into a private space such as a toilet cubicle and examine the area by themselves. The child should be encouraged to describe what they observe and be supported to self-administer first aid. Parents and careers should be contacted in these instances and they may wish to come and attend to the child if the injury is more severe. All accidents are recorded within the school's accident and incident log.

5.6 Management of menstrual care

All staff will be sensitive to the fact that:

- Girls at our school may start to menstruate
- While there is no shame or stigma attached to this, those pupils may wish to deal with it discreetly

The school will offer sensitive and practical information to pupils about:

- Where the period products are
- How to use and dispose of them correctly

Period products available to pupils can be found in the School Office, where staff can access discreetly on behalf of pupils, or when needing to access them to support with intimate care, such as the care suite.

Products available include sanitary pads

Staff will not directly assist with the physical act of changing sanitary pads unless specifically requested by the child and agreed with parents/carers in an Intimate Care Plan due to specific needs.

Age-appropriate education on puberty and menstrual hygiene will be provided as part of the RSHE curriculum.

6. Monitoring arrangements

This policy will be reviewed by Shelly King and Emily Sparrow annually. At every review, the policy will be approved by the Governing Body of the Willesborough Schools.

7. Links with other policies

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- Health and safety
- Managing Medicines Policy
- SEND
- Supporting pupils with medical conditions
- PSHE DFE guideline

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	
CHILD	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

Appendix 2: template parent/carers consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carers	
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(s) 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(s), 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/carers signature	
Name of parent/carers	
Relationship to child	
Date	