Intimate Care Policy

PERSON RESPONSIBLE FOR POLICY:	**D. DUKES**
REVIEWED:	**DATE: NOVEMBER 2026**
TO BE REVIEWED:	**2 YEARS**

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 children are safeguarded
- Pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010
- Parents are assured that staff are knowledgeable about intimate care and that the needs of their children 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 which involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

Note, this policy only applies to times during the school day. Intimate care cannot be provided during before and after school clubs due to staffing restraints.

2. Legislation and statutory guidance

This policy complies with statutory safeguarding guidance.

3. Role of parents

3.1 Seeking parental permission

For children whose needs are complex or who need particular support outside an intimate care plan will be created in discussion with parents.

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 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 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, the child (when possible) and any relevant health professionals.

The school will work with parents 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 will be consulted.

The plan will be reviewed twice 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 as needed to ensure a consistent approach. It will expect parents 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 teaching assistants, Midday supervisors, teachers and learning mentors.

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.

5. Intimate care procedures

5.1 How procedures will happen

Two members of staff will be present when a child requires intimate care. If a second member of staff is not available, school's protocol is for the member of staff administering intimate care to check (and countersign) with an additional member of staff once the procedure has taken place.

It is fine for male members of staff to change female pupils as long as they have an enhanced DBS with a barred list check.

Procedures will be carried out in the medical rooms at Lower Site and in Nursery and in the medical room at Upper site.

Procedures will be carried out in a COVID-safe way according to the school's risk assessment and COVID-19 protocol.

When carrying out procedures, the school will provide staff with:
School provides equipment to staff, such as protective gloves, cleaning supplies, changing mats and bins.

For pupils needing routine intimate care, the school expects parents 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 at the end of the day.

6 Best Practice

6.1 The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

6.2 Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

6.3 Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex education to the children/young people in their care as an additional safeguard to both staff and children/young people involved.

6.4 The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

6.5 Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.

6.6 Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

6.7 Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys in a primary school, as no male staff are available.

6.8 Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and

parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

7 Children wearing Nappies / Pads

7.1 We kindly request that parents/carers ensure their child is school ready by being toilet trained and not wearing nappies. However, we do appreciate that there may exceptional circumstances, e.g. due to a health condition, where some children may still need to wear a nappy to Nursery. In these circumstances, it will be necessary for the parent/carer to complete and sign an '**Intimate Care Policy Parental Agreement'** in order for us to change a nappy. This may also result in a **Health Care Plan** to support the child's medical need.

7.2 Schools may have concerns regarding Child Protection issues when they are asked by parents to admit a child who is still wearing nappies. Child protection need not present an issue. It is good practice to provide information for parents of the policy and practice in the school. Such information should include a simple agreement form for parents to sign outlining who will be responsible, within the school, for changing the child and when and where this will be carried out. This agreement allows the school and the parent to be aware of all the issues surrounding this task right from the outset.

7.3 We will monitor who changes a child, how often this task is carried out and the time they left/returned to the classroom following this task. Examples of such good practice provide reassurance for parents that systems are in place and that schools have implemented procedures for staff to follow.

8 Equipment Provision

8.1 Schools often ask for clarification regarding who is responsible for providing equipment when children require changing.

Parents have a role to play when their child is still wearing nappies. The parent should provide nappies, disposal bags, wipes, changing mat etc. and parents should be made aware of this responsibility. Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

9 Health and Safety

Some schools are concerned about health and safety issues when staff are changing children or dealing with a child who has had an accident and is bleeding.

9.1 Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a weekly basis and it can be

collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Staff should be aware of the school's Health and Safety policy.

10 Regular requirements

10.1 Regular requirements of an intimate nature should be planned for. Agreements between the school/organisation, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed, (see Intimate Care Model Policy and Guidance).

11. 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 Designated Safeguarding Lead.

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.

12. Monitoring arrangements

This policy will be reviewed every 2 years by the Principal. At every review, the policy will be approved by the governing board

13. Links with other policies

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- Health and safety
- SEN
- Supporting pupils with medical conditions

ADWICK PRIMARY SCHOOL

INTIMATE CARE POLICY PARENTAL AGREEMENT FORM

Note, this agreement form only applies to times during the school day. Intimate care cannot be provided during before and after school clubs due to staffing restraints.

1. Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas.

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

3. Adwick Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Adwick Primary 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.

4. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

5. The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

6. Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present.

7. Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care.

8. Wherever possible staff should only care intimately for an individual of the same sex.

9. Adwick Primary School has introduced recording sheets to keep a record when intimate care has been administered.

10. Parents have a role to play when their child is still wearing nappies. The parent should provide nappies, disposal bags, wipes, changing mat etc. and parents should

be made aware of this responsibility. Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.
11. Where a child has diarrhea, the parent/ carer will immediately be contacted requesting that they come and collect their child from school in order to help avoid spreading an infection to staff and pupils.

12. Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste.

13. Staff who administer first aid should ensure, wherever possible, that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

INTIMATE CARE POLICY PARENTAL AGREEMENT FORM

I agree to support the Intimate Care Policy and practice of Adwick Primary School.

Signature of Parent / Carer .....

Print Name .....

Date .....

Signature of School Representative .....

Print Name .....

Position .....

Date .....

Appendix:

Recording sheet (held in Nursery and Medical Rooms; to be completed and countersigned).

Date	Time	Details	Adult 1 Signature	Adult 2 Signature