

# Intimate Care Policy



Cam Everlands Primary School

“We believe, achieve and celebrate”

<b>Approved by:</b>	Governing Body	<b>Date:</b> January 2026
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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, rights and wellbeing of children 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 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 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 statutory safeguarding guidance.

## 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 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 (when 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 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 teaching assistants and teachers.

No other staff members can be required to provide intimate care.

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

Any procedures of an intimate nature will be carried out with 2 members of staff present.

- When undertaking intimate care with a pupil, their dignity is preserved at all times. A high level of privacy, choice and control is provided to all pupils. This will include careful consideration about who is involved. Staff have had relevant child protection and moving and handling training. During staff induction programs new staff shadow experienced staff members when carrying out intimate care and are made aware of individual pupil needs.
- Pupils have access to a personal safety curriculum, as part of the PSHE curriculum, with regard to their developmental level, in order that they can have a level of awareness of appropriate care.
- Equipment required to enable intimate care to be carried out safely and effectively is provided following assessment by physiotherapist and/or occupational therapist.
- Communication with the pupil who requires intimate care is facilitated using the preferred means for the individual in order that their needs and preferences can be met and that they can be made aware of each procedure being carried out.
- Pupils are encouraged to be as independent as possible in their intimate care.
- One adult will carry out intimate care unless there is a sound reason for having two adults present. Staff need to be alert to the possibility of over-familiar relationships developing.
- When managing the intimate care of pupils, it is possible that pupils of either gender may experience arousal. In these cases, if at all possible, the pupil should be left alone, if this is safe and practical. Staff should return to complete the intimate care task once the pupil has had some time alone. In some cases, it might be appropriate to continue to put on the pupil's pad. These situations will need to be monitored and discussed with the class teacher and parents. If this is a regular occurrence it will need to be agreed how best to address the behaviours, and if necessary change them. An Individual Care Plan (ICP) should be used to record, monitor, and manage this.
- When supporting a female pupil with menstrual management, female staff will assist with changing a sanitary pad but tampons will only be used if the pupil is able to independently manage the process and this has been confirmed with the parents/carers.
- If a member of staff has any concerns about physical changes in a pupil's presentation these are reported as outlined in the school's Safeguarding and Keeping Children Safe in Education policy.
- If a pupil becomes unhappy about being cared for by a particular member of staff this is investigated and outcomes recorded and acted upon.
- If an allegation is made by a pupil all necessary procedures are followed.
- No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

#### 5.1.1 Handling of body products

Whilst blood poses the greatest risk, all body products i.e. blood, vomit, urine, faeces, sputum and saliva, carry some risk of infection.

Staff must follow universal precautions i.e. they must treat any body product from any person or colleague as if it were infected and deal with it accordingly.

### **5.1.2 Mandatory Procedures**

When undertaking intimate care tasks or handling soiled material where hands or clothing could be contaminated by a body product, staff must wear a disposable plastic apron and appropriate gloves.

Individuals who are soiled with a body product must wash themselves or be washed with plenty of warm soapy water, with disposable cloths. Baths, basins and bowls must be thoroughly cleaned with any mild detergent. Use a hypochlorite product e.g. Milton if the individual has contracted *Clostridium difficile*.

### **5.1.3 Disposal of waste**

- All waste contaminated by body products must be disposed of promptly.
- Liquid waste, faecal matter and vomit must be flushed down the toilet or sluice if available.
- Solid waste e.g. paper towels used for spillages, used protective gloves, nappies etc. must be placed in a plastic bag, such as a bin liner or carrier bag and then placed in a second plastic bag. This, in turn, must be tied and disposed of through the normal refuse collection. Care must be taken that the bags are not subsequently punctured, are safely contained prior to collection and that the risk of spillage on transfer is minimised.
- Medical waste i.e. incontinence pads, wipes and protective gloves (soiled) will go into bags.
- Clinical waste i.e. gloves, aprons, protective gloves (unsoiled) will go into the specified, separate bins.
- Sharps must be disposed of using a BS standard sharps container. The child's family will be provided with a BS standard sharps container which they should send into school. This should be returned to the family when it is full or needs to be changed.

Procedures will be carried out in a room which allows the child to maintain their privacy (usually the disabled toilet).

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

- Gloves
- Aprons
- Masks

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**

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.

## **6. Monitoring arrangements**

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

## **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 conditions

## 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/carer consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carer	
Address	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	<input type="checkbox"/>
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)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>
I <b>do not</b> 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.	<input type="checkbox"/>
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	