

# Intimate Care Policy

St Oswald's CE Primary School and Nursery



Inspire – Embrace – Succeed

"...I came so that they may have life and life to its fullest" John 10:10

<b>Approved by:</b>	Governors	<b>Date: November 2025</b>
<b>Last reviewed on:</b>	Autumn Term 2025	
<b>Next review due by:</b>	Autumn Term 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.

The school adopts rigorous safeguarding procedures in accordance with the Child Protection and Safeguarding Policy and will apply these requirements to the intimate care procedures.

The school will ensure that all adults providing intimate care have undergone an enhanced Disclosure and Barring Service (DBS) check enabling them to work with children.

All members of staff will receive safeguarding training on an annual basis and will receive further training and support where necessary.

## 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 the Nursery Manager, Deputy Nursery Manager, teachers and teaching assistants.

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

Wherever possible, two members of staff will be present for pupils who, as part of their medical needs plan, undergo planned invasive procedures. Within the nursery setting, one member of staff will carry out intimate care procedures.

During intimate care procedures, staff will ensure to protect children's privacy while maintaining appropriate supervision. This means that while changing, staff will not be isolated from other staff members and a child will never be left alone. However, staff will use their body as a shield during intimate care to ensure privacy is protected.

Staff will complete an intimate care log after completing intimate care procedures.

We ask that parents inform us of any marks or rashes the child may have.

For nursery children, procedures will be carried out in the nursery designated changing area. We also have a medical room for intimate care procedures for older pupils.

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

- protective gloves
- disposable aprons
- cleaning supplies
- changing mats and bins.

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, baby wipes, nappy sacks, barrier cream, underwear and/or a spare set of clothing in a named bag.

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

#### **Nappy Changing Procedure:**

- Nappy changing must be done with respect of the child's privacy – consider individual needs and make adjustments if needed.
- Before changing a child's nappy, members of staff will put on disposable gloves and aprons, and the changing area will be cleaned appropriately using appropriate cleaning products.
- The changing areas are comfortable for the children.
- Hot water and liquid soap are available for staff and children to wash their hands before and after changing a nappy; the changing area will also be cleaned appropriately afterwards.
- Staff and children will wash their hands following effective hand washing procedures.
- The changing area has paper towels available for members of staff to dry their hands.
- Any soiled clothing will be placed in a tied plastic bag in the child's and will be returned to parents/carers at the end of the school day.
- Any used nappies will be placed in a tied plastic bag and disposed of in accordance with school policy.
- Any bodily fluids that transfer onto the changing area will be cleaned appropriately in accordance with school policy.
- If a pupil requires cream or other medicine, such as for a nappy rash, this will be provided in accordance with the Administering Medication Policy.
- Older children and those who are more able will be encouraged to use the toilet facilities and will be reminded at regular intervals to go to the toilet.
- Members of staff will encourage children to use the toilet and encourage them to be as independent as possible as per the wishes of parents and carers when this time comes.

If a child soils him/herself in school a professional judgement will be made as to 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 he/she 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 his/her underwear in private and carry out this process themselves.
- School will have a supply of wipes, clean underwear and spare clothes for this purpose and offer these items to support.
- If a child is not able to complete this task unaided, school staff will attempt to contact the emergency contact to inform them of the situation.
- If the emergency contact is able to come to school within an appropriate time frame, the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.
- If the emergency contact cannot attend, school will seek verbal permission for staff to change the child. If none of the contacts can be reached the Headteacher or Assistant Headteacher is to be consulted and the decision taken on the basis of loco parentis and our duty of care to meet the needs of the child.

#### **Changing a child after an accident procedure:**

- Gather all resources needed including disposable gloves, disposable apron, child's wipes and spare clothes.
- Two members of staff to be in the vicinity when changing for an accident.
- Staff to wash hands and wear PPE in line with current risk assessment.
- Ask the child to undress and change their clothes necessary in a cubical or private area ensuring staff stay close to be on hand for help.
- Support children if necessary, see below for policy of assisting children
- Ensure the child is clean and dry.
- Double bag dirty clothes in a tied bag and leave in care room until the end of the day (depending on severity of accident)
- Adult and child to wash hands with soap and water and dry as per hand washing procedures.
- Accidents will be reported to parents

#### **Toilet Introduction Procedures**

As children develop bladder control, they will pass through the following three stages:

1. The child becomes aware of having wet and/or soiled pants
2. The child knows that urination/defecation is taking place and is able to alert a member of staff
3. The child realises that they need to urinate/defecate and alerts a member of staff in advance

During these stages, members of staff will assess the child over a period of time to determine if there is a pattern to when the child is soiled/wet and indicators that the child displays when they need the toilet, e.g. facial expressions.

- Staff will implement the following strategies to get children used to using the toilet and being independent:
- Familiarise the child with the toilet, washing their hands, flushing the toilet and reference other children as good role-models for this practice
- Encourage the child to use the toilet when they are using their personal indicators to show that they may need the toilet.
- Take the child to the toilet at a time when monitoring has indicated that this is when they would usually need the toilet
- Ensure that the child is able to reach the toilet and is comfortable doing so
- Stay with the child and talk to them to make them more relaxed about using the toilet

- Don't force the child to use the toilet if they don't want to, but still encourage them to do so using positive language and praise
- Deal with any accidents discreetly, sensitively and without any unnecessary attention
- Be patient with children when they are using the toilet, and use positive language and praise to encourage them

### **Assisting a child to change his/her clothes**

On occasions an individual child may require some assistance with changing if, for example, he/she has an accident at the toilet, gets wet outside, or has vomit on his/her clothes etc.

Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given.

Staff will always ensure that they have a colleague close by when supporting dressing/undressing and will always give the child the opportunity to change in private, unless the child is in such distress that it is not possible to do so. If staff are concerned in any way parents will be sent for and asked to assist their child and informed if the child becomes distressed.

## **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 the Designated Safeguarding Lead (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 the allegation will be investigated according to the school's safeguarding procedures.

We follow the procedures outlined in our most recent 'St Oswald's CE Primary School Safeguarding and Child Protection Policy'. In addition, we implement expectations set out in our 'Mobile Phone Policy', following the safety considerations from the DfE.

These policies set out the procedures we take when there are:

- Safeguarding concerns about a child
- Allegations made against a member of staff
- And how mobile phones, cameras and other electronic devices with imaging and sharing capabilities are used in the setting

## **6. Monitoring arrangements**

This policy will be reviewed by Jayne Hipkins (EYFS Lead) annually at every review, the policy will be approved by the LAB and 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- Vulnerable Learners Policy
- › Supporting children with medical conditions
- › Early Years Policy
- › Mobile Phone Policy



## Appendix 1: template intimate care plan

# Intimate care plan

For pupils who need regular support with toileting, washing and/or changing.

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



## Intimate care: 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"/>
<p>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).</p> <p>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).</p> <p>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.</p>	<input type="checkbox"/>
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	