



# **Intimate Care Policy**

**Updated: Nov 2023  
To be reviewed: Nov 2025  
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**EQUALITY SCHEME  
EQUALITY IMPACT ASSESSMENT FOR  
INTIMATE CARE POLICY**

Staff / Committee involved in development:	Health Safety Committee; Headteacher	
For use by:	Staff, Governors and Parent/Carers	
This policy relates to statutory guidance:	Keeping Children Safe in Education 2014	
Key related Farndon Policies:	Safeguarding Policy EYFS Policy Medicines Policy Allegations Against Staff Policy	
<b>Equality Impact Assessment:</b> Does this document impact on any of the following groups? If YES, state positive or negative impact, and complete an Equality Impact Assessment Form or action plan, and attach.		
<b>Groups:</b>	<b>Yes/ No</b>	<b>Positive/Negative impact</b>
Disability	No	
Race	No	
Gender	No	
Age	No	
Sexual Orientation	No	
Religious and Belief	No	
Gender Reassignment	No	
Marriage & Civil Partnership	No	
Pregnancy & Maternity	No	
Other	No	
<b>Reviewed by</b>	Leadership and Management	
<b>Agreed by</b>	Full Governors	
<b>Next Policy review date</b>	Nov 23	
A copy of this form, and any related impact assessment form or action plan must be sent to the school office		

## **Introduction**

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. In most cases such care will involve cleaning for hygiene purposes, as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

The issue of intimate care is a sensitive one and requires 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 will always 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. The following policy is a model based on best practice.

## **Aims and Objectives**

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.

## **Parental Consent**

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

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 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. In this situation, there must be 2 members of staff.

## **Completing 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 each year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

## **Our Approach to Best Practice**

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.

Any child with intimate care needs 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 s/he 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.**

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.

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.

Intimate care arrangements will be discussed with parents 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.

## **The Protection of Children**

Education Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to. All children will be taught personal safety skills carefully matched to their level of development and understanding. If a staff member has any concerns about a child's physical changes (bruises, marks etc) they will immediately report concerns as per school procedures.

If a child becomes distressed or unhappy regarding being cared for by a particular member of staff, the matter will be looked into, parents will be consulted and outcomes recorded. Staffing schedules will need to be altered until the issue is resolved as the child's needs remain paramount. If a child makes allegations against a member of staff, necessary procedures will be followed.

## **Children Wearing Nappies**

Any child wearing nappies or a pad will have an Intimate Care Plan which must be signed by the parent/carer. This plan will outline who is responsible in school for changing the child, and where and when this will be carried out. This agreement allows school and parents to be aware of all issues surrounding the task from the outset.

## Health & Safety Guidance

Staff should always wear an apron and gloves when dealing with a child who is soiled or when changing a nappy. Any soiled waste should be placed in a polythene waste disposal bag and sealed. The bag should then be placed in the nappy bin, (with a liner) specifically designed for such waste in the disabled toilet. This bin should be collected on a weekly basis as part of the usual refuse. It is not classed as clinical waste.

## Special Needs

Children with special needs have the same rights to privacy and safety when receiving intimate care. Additional vulnerabilities (any physical disability or learning difficulty) must be considered when drawing up care plans for individual children. Regardless of age and ability, the views and emotional responses of children with special needs should be actively sought when drawing up or reviewing a care plan.

## Physical Contact

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact.

Staff must be aware that even well-intentioned contact might be misconstrued by the child or an observer. Staff must always be prepared to justify actions and accept that all physical contact is open to scrutiny

The expectation is that when staff make physical contact with pupils it will be:

- For the least amount of time necessary (limited touch)
- Appropriate, given their age, stage of development and background
- In response to the pupil's needs at the time

Arrangements must be understood and agreed by all concerned, justified in terms of the child's needs and consistently applied and open to scrutiny. Where possible, consultation with colleagues should take place where any deviation from arrangements is anticipated. Any deviation from the agreed plan must be documented and reported. Where the plan states that one member of staff conducts the intimate care, **they must inform another adult within the team where they are going and for what reason.**

Extra caution may be needed where a child has previously suffered abuse or neglect.

This may lead to staff being vulnerable to allegations of abuse. Many such children are needy and seek out inappropriate physical contact. In such circumstances staff should deter the child, seek witnesses and document and report the incident.

## Appendix 1 Nappy Changing Procedure

This process must be done in a positive, happy environment where the child feels relaxed. Before changing the child's nappy, ensure you are aware of any particular needs of the individual child, i.e special cream to be used, special nappies etc. Also, check the potty training routine.

1. Nappies must always be changed nappy changing area.
2. Only nominated staff may change nappies unsupervised. Students, helpers, non-nominated staff and staff who have not yet received a DBS disclosure may only change nappies under strict supervision.
3. Ensure all items needed are within reach of the changing table.
4. Staff must wash their hands prior to changing a child. Disposable gloves and aprons must be worn. Hands must be washed after the nappy changing procedure. New gloves and aprons must be used for each child.
5. Children should be changed on the nappy changing table and care must be taken that the child cannot slip off this area.  
**CHILDREN MUST NOT BE LEFT UNATTENDED.**
6. Children must be washed and if necessary the correct cream applied carefully.
7. Check that the child's outer pants are clean and dry. Change them if appropriate.
8. Nappies must be wrapped in the plastic bags provided and placed in the nappy bin. This is collected once a week and in the disabled the toilet there is an air freshener that goes off every 20 minutes.
9. The changing time must be noted in the recording book and initialled by the member of staff who carried out the nappy change.
10. Children's own personal items should be returned to their own storage box or bag.
11. When nappy changing is complete ensure the area is left clean and tidy, changing mats and potties should be cleaned after use and sprayed with anti-bacterial spray.
12. Nappies are changed throughout the session depending on the children's needs and routine. No child must be left longer than 2 hours without the nappy being checked and when necessary changed.



## Individual 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	

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carers	
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"/>

## PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE

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	