



Intimate care policy

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Contents

1. Aims	2
2. Legislation and statutory guidance	2
3. Role of parents/carers	2
4. Role of staff	3
5. Intimate care procedures	4
6. Monitoring arrangements	8
7. Links with other policies	8
Appendix 1: template intimate care plan	9
Appendix 2: template parent/carer consent form	12

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
- > Special Educational Needs and Disability Act (2001)
- > the Disability Discrimination Act (1995)
- > Equality Act (2010)
- > Disability Discrimination Act (2005)

It also complies with our funding agreement and articles of association.

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 consent 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 (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.

Staff at English Martyrs' will work in partnership with parents/carers to provide care appropriate to the needs of the individual child and together will produce a care plan if necessary.

The care plan will set out:

- What care is required.
- Number of staff needed to carry out the task (if more than one person is required, reason will be documented).
- · Additional equipment required.
- Child's preferred means of communication (e.g. visual, verbal). Agree terminology for parts of the body and bodily functions.
- Child's level of ability i.e. what tasks they are able to do by themselves.
- Acknowledge and respect for any cultural or religious sensitivities related to aspects of intimate care.
- Be regularly monitored and reviewed in accordance with the child's development.
- · Spare nappies
- · Wipes, creams, nappy sacks etc
- Spare Clothes
- · Spare underwear

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

Any roles who may carry out intimate care will have this set out in their contract or job description. This includes 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.

The school's SENDCO and DSL 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
- > 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, English Martyr's Catholic Voluntary Academy will balance children's privacy with safeguarding and support needs.

5.1 Staffing

All members of staff performing intimate care procedures have an enhanced DBS with barred list check.

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
- 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.

At English Martyrs', male members of staff may be allocated to change female pupils or vice versa. The decision to allocate a member of staff of a different gender to the pupil will be discussed with the parents/carers and pupil, if appropriate.

5.2 Arrangements

Procedures will be carried out in the disabled toilet and changing room.

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

cleaning supplies

bins.

Changing bed

Changing bed blue roll.

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.

Staff to record changes on a written log detailing date, time, staff involved and any relevant observations.

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.

Any concerns about the safety or welfare of a pupil will be reported immediately to the local authority's children's social care team.

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 DSL (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.

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 in nursery/early years

Nappy changing is an essential part of care in Early Years at English Martyrs' when required, especially for children in reception who are not yet fully toilet trained. The process must be:

- Safe
- Hygienic
- · Respectful of the child's dignity and privacy
- Carried out by trained staff following safeguarding and health protocols

It supports children's personal development and well-being and must be handled in a way that protects both children and staff.

Procedures must include:

1. Preparation

- Ensure the changing area is clean, private, and safe.
- Gather all supplies:
 - o Clean nappy
 - Wipes
 - o Disposable gloves
 - Nappy sacks
 - o Barrier cream (if needed)
 - Clean clothes (if necessary)

2. Hygiene & PPE

- Wash your hands before starting.
- Put on disposable gloves and apron.

3. Child's Involvement

- Explain the process to the child using simple language.
- Encourage independence (e.g., pulling trousers down/up if able).

4. Changing the Nappy

- Lay the child on a clean, disinfected mat/changing table.
- Remove the soiled nappy, clean the area (front to back).
- Apply cream if needed (with parental permission).
- Put on a clean nappy and dress the child.

5. Aftercare

- Help the child wash or wipe their hands if appropriate.
- Dispose of the used nappy and wipes in a designated nappy bin.
- Clean and disinfect the changing mat.
- Remove gloves/apron and wash your hands thoroughly.

6. Record Keeping

- Log the nappy change if required (time, reason, any concerns).
- Inform parents if necessary (e.g. rash, upset stomach).

5.5 Specific procedures for toileting accidents

Where pupils are starting school without having been toilet-trained, staff will work with the pupil's parents/carers to agree on a care plan.

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

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

Staff will communicate with child ensuring staff speak to the child in a calm, friendly, and non-judgmental way to help reduce embarrassment or anxiety. Staff use simple, child-friendly language based on the child's age and understanding. Children are encouraged to do as much as they can for themselves (e.g. undressing, wiping, dressing) to promote independence and confidence, but help is always provided when needed.

Toileting accidents and intimate care are managed in a designated, private area such as a toilet cubicle or changing area, away from other children. We protect the child's dignity at all times, avoiding unnecessary exposure. Staff handle accidents discreetly without drawing attention. Other children are not made aware, and no child is ever shamed or blamed.

Staff wear disposable gloves and aprons during care. After the procedure, gloves and aprons are safely disposed of in a designated sanitary or clinical bin. Staff and children wash their hands thoroughly with soap and water. Changing mats and any surfaces are cleaned and disinfected after each use. Soiled clothes are placed in a sealed plastic bag and sent home with the child. Spare Clothing: If the child does not have spare clothes in school, clean clothing is provided from school stock (washed and returned later by parents).

Incident Log:

All incidents of toileting accidents or intimate care are recorded in a confidential care log. This may include:

Child's name

Date and time

Nature of the incident

Staff member involved

Any observations or concerns

Parents are informed discreetly at pick-up time or through a written note. If a concern arises (e.g. recurring accidents, rash, emotional distress), staff may arrange a meeting with parents to discuss further support or a possible care plan.

Any unusual behavior, injuries, or safeguarding concerns observed during care are reported immediately to the Designated Safeguarding Lead (DSL) in line with the school's Safeguarding and Child Protection Policy.

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 sanitary products are

How to use and dispose of them correctly

Staff will not directly assist with the physical act of changing sanitary products unless specifically requested by the child and agreed with parents/carers in an individual care plan due to specific needs.

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

6. Monitoring arrangements

This policy will be reviewed by G Ellis (Headteacher and DSL) annually. At every review, the policy will be approved by the Head Governor D Boott.

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
- > PSHE policy

Appendix 1: template intimate care plan

Individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family Contact Information	
Name	
Relationship to child	
Phone no.	
Name	
Relationship to child	
Phone no.	
(home)	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	
Who is responsible for providing support in	
school	
Describe medical needs and give details of chor devices, environmental issues etc	nild's symptoms, triggers, signs, treatments, facilities, equipment
Name of medication, dose, method of adminisadministered by/self-administered with/withou	stration, when to be taken, side effects, contra-indications, t supervision

Daily care requirements		
Specific support for the pupil's education	nal, social and emotional needs	
Arrangements for school visits/trips etc		
Other information		
Describe what constitutes an emergency	y, and the action to take if this occurs	
Who is responsible in an emergency (st	ate if different for off-site activities)	
Plan developed with		
Staff training needed/undertaken – who,	, what, when	
Form copied to		
Parent Signature(s)	Date	
Parent Signature(s)	Date	
School Signature(s)	Date	
School Signature(s)	Date	
Ochool Olghature(3)	Date	

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

Parental agreement for setting to change nappies

The school/setting will not undertake medical procedures unless you complete and sign this form.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Medicine	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
NB: Medicines must be in the original	container as dispensed by the pharmacy
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	
school/setting staff administering medicine in a	owledge, accurate at the time of writing and I give consent to accordance with the school/setting policy. I will inform the s any change in dosage or frequency of the medication or if the
Signature(s)	Date