



Intimate Care Policy

Policy Status	Final Policy
Responsibility for this policy lies with (Headteacher, Full Governing Body, Curriculum Committee or Finance & Resources Committee)	Finance & Resources Committee
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Our Principles

Edward Pauling Primary School is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust and no pupil who require intimate care are not discriminated against, in line with the Equality Act 2010. We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given.

The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain. Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

This policy complies with the Department for Education (DfE) statutory safeguarding guidance:

- Keeping Children Safe in Education
- Early Years Foundation Stage (EYFS) statutory framework

Child focused principles of intimate care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe;
- Every child has the right to personal privacy;
- Every child has the right to be valued as an individual;
- Every child has the right to be treated with dignity and respect;
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities;
- Every child has the right to express their views on their own intimate care and to have such views taken into account;
- Every child has the right to have levels of intimate care that are as consistent as possible.

Definition

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes supervision of pupils involved in intimate self-care.

Role of Parents/Carers

For children who need routine intimate care (e.g. for nappy changes or toileting accidents), parents will be asked to:

- Sign a consent form
- Provide an adequate supply of necessary items (e.g. nappies, wipes, creams, changes of clothing)

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. 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.

Contingency where parents/carers are routinely unavailable or do not provide required care items

If a parent/carer is routinely unavailable to provide required items or consistently fails to provide essential personal care items:

- The school will make an immediate temporary provision using its own supplies to ensure the child's safety and dignity for that day and record the incident.
- The pastoral lead (or DSL if there are welfare concerns) will contact the parent/carer to agree how supplies will be provided in future and to offer support (e.g., signpost to local family support services, foodbank, health visitor or Early Help).
- If the pattern continues, the school will convene a meeting (including parent/carer, pastoral lead, SENDCo where relevant) to agree a longer-term plan. This will include clear expectations, timescales and responsibilities.
- If failure to provide care items appears to place the child at risk (for example repeated toileting-related skin breakdown, frequent distress, or health issues), the school will follow safeguarding procedures and may make a referral to Early Help or Children's Social Care.
- Records of all contacts and actions will be kept on the child's file on CPOMS and reviewed termly or sooner if needed.

Creating an Intimate Care Plan

Where an intimate care plan (Appendix 1) 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.

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.

Role of Staff

Any roles who may carry out intimate care will have this set out in their contract or job description. No other staff members can be required to provide intimate care.

All staff 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 Schools, Designated Safeguarding Lead (Abigail Donnelly) 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

In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see aforementioned multi agency guidance for the management of long term health conditions for children and young people) or changing insulin pump needle.

Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. These records will be electronically on CPOMS and available to parents/carers on request.

All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities.

Staff will encourage each individual pupil to do as much for him/herself as possible.

Staff who provide intimate care are trained in personal care (e.g. health and safety training in moving and handling, specialist medical training) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate. Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.

There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

In general, one member of staff will be present with each child, except for circumstances where: two 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.

Whilst producing the Intimate Care Plan, parents/carers should share the religious views, beliefs and cultural values of their children and their families. Particularly as they might affect certain practices or determine the gender of the carer.

Safeguarding and Child Protection

The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

The school's safeguarding and child protection policy and procedures will be adhered to.

From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc. s/he will immediately report concerns to the Designated Safeguarding Lead, their Deputy or the

Headteacher. A clear written record of the concern will be completed and a referral made to Social Care if appropriate, in accordance with the school's child protection procedures. Parents/Carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Designated Safeguarding Lead or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/Carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Head teacher or to the Chair of Governors, in accordance with the child protection procedures and the 'Whistle-Blowing' Policy.

Arrangements

Procedures will be carried out in a designated changing area or toilet cubicle.

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:

- Include a list of the equipment your school provides to staff, such as protective gloves, 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, 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.
- Explain if/how instances of intimate care are recorded (including, for example, date/time, staff involved, any relevant observations such as skin integrity) and reported to parents/carers, if appropriate.

Nappies/ pull ups

Where pupils are not yet toilet trained, there may be a need for staff to support them by changing nappies or pull ups. Wherever possible, pupils will be encouraged to be as independent as possible and to try using the toilet. The arrangements for this will be agreed with parents through a health care plan. This will include the provision of spare clothing, nappies/ pull ups and wipes by parents and where these will be stored.

Nappy bins are situated in key locations in the school:

- Nursery toilets
- Reception toilets
- Year one toilets
- Year two toilets
- All gender inclusive toilets in hall corridor

For each pupil, the area for changing/ supporting with toileting will be identified. Parents should be aware that whilst key staff members will be indicated on the health care plan, other staff may support their child from time to time should the key staff members not be available. Parents will receive notification when an intimate care task has been carried out.

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

Period products available to pupils can be found in a basket placed in the Key Stage two all gender inclusive toilet and in the medical room that staff can access discreetly on behalf of pupils, or when needing to access them to support with intimate care. Products available include [e.g. sanitary towels, tampons, period pants]

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.



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. Form to be uploaded to CPOMS.

Next review date: _____

To be reviewed by: _____

Personal care management checklist (to inform the written personal care management plan)

Child/young person's name

Date of birth

Facilities	Discussed	Action
<ul style="list-style-type: none"> • Suitable toilet identified? • Adaptations required? • Changing mat/table (easy clean surface) • Grab rails • Step • Easy operate locks at suitable height • Accessible locker for supplies • Mirror at suitable height • Hot and cold water • Lever taps • Disposal unit • Moving and handling equipment • Bleeper/emergency help 		

Family provided supplies	Discussed	Action
<p>Pads</p> <ul style="list-style-type: none"> • Catheters • Wipes • Spare clothes • Others (specify) <p>School/setting provided supplies</p> <ul style="list-style-type: none"> • Toilet rolls • Urine bottles • Bowl/bucket • Antiseptic cleanser, cloths and blue roll • Antiseptic hand wash • Milton/sterilising fluid • Paper towels, soap • Disposable gloves/aprons • Yellow sacks/disposal bags 		

<p>Staff training/ communication</p> <ul style="list-style-type: none"> • Advice sought from medical • personnel? Manual handling • adviser? • Parental/carer involvement in • the management plan • Child/young person's involvement in the management • plan • Any parental/child/young person's preference for gender • of carer • Specific training for staff in • personal care role • Awareness raising for all staff • PE staff <p>Other children and pupils?</p> <ul style="list-style-type: none"> • Consult child/young person, • respect privacy • How does the child/young person communicate needs? 	<p>Discussed</p>	<p>Action</p>
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<p>PE issues to enable access to all activities</p> <ul style="list-style-type: none"> • Discreet clothing required? • Privacy for changing? • Specific advice required for swimming? • Specialist nurse? • Manual handling adviser? 	<p>Discussed</p>	<p>Action</p>
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<p>Support</p> <p>Identified staff</p> <p>Back up staff</p> <p>Training for back up staff</p> <p>Time plan for supporting personal care need</p>	<p>Discussed</p>	<p>Action</p>
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Parent/ Carer Consent Form

Permission for school to provide intimate care	
Name of child	
Date of birth	
Name of parent/carers	
Address and contact details	
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 do not 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(s) 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(s), 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/carers signature	
Name of parent/carers	
Relationship to child	
Date	

Form to be uploaded to CPOMS

Appendix 3 – Categories of Tasks

Category 1 – Acceptable Tasks and Category 2 – Tasks that may be delegated by a health professional (Identified staff will receive appropriate training before undertaking any delegated tasks)

Acceptable Care Tasks List

- Application of topical creams and ointments;
- Administration of ear drops and eye drops
- Mouth care
- Fitting supports artificial limbs or braces
- Awareness of pressure care in relation to prevention and good practice
- assisting with the cleaning of a supra-pubic catheter site
- emptying, changing or replacing urotoxy, ileostomy or colostomy bags

Delegated care task list

Complex care -

- any appropriate complex care is given only following advice from an appropriate health professional or parent/carer as to how (and how frequently) this task should be performed.

Treatments

- assist a pupil to self-administer routine, pre-measured doses of prescribed medicines via an inhaler or nebulizer as a regular procedure for chronic conditions only. The health professional must regularly monitor and review this process.
- administering medication via a gastrostomy tube but only where staff have received accredited medication training;
- administer oxygen to a pupil via a pre-set facility;
- fitting Transcutaneous Nerve Stimulation (T.E.N.s) machines, only where their use has been approved by the GP or other appropriate health care professional;
- taking of temperatures only when there are clear guidelines in any written procedure from a health professional on what action to take to alert health staff if the temperature should exceed certain pre-defined limits. Class staff should never be expected to interpret any temperature readings.

Emergency Care Procedures

- Administering Epipens where a case of anaphylaxis has occurred.
- Administering immediate emergency care when a child, staff member, or visitor becomes unresponsive and is not breathing normally using a defibrillator (AED) , which is located in the first aid room.

This list is not exhaustive and there may be occasions when managers would be willing to negotiate to establish an individual procedure, based on the experience and willingness of staff to be trained and the nature of the task.

Category 3 Tasks – Not to be performed by staff in any circumstances

Generally any task which is invasive or requires a member of school staff to make a judgement without the guidance of a health professional is unacceptable.

Unacceptable Tasks List

- The administration of medicines through a nebuliser for acute or emergency conditions (apart from administration of emergency medication as indicated in 14 above);
- Flushing to unblock any tube or line (this doesn't include care of gastrostomies);
- assisting with the cleaning and replacement of tracheostomy tubes;
- assisting with syringe driver pain relief systems;
- Aspiration of naso-gastric tube;
- Naso-gastric tube feeding;

- Oral suction, other than oral aspiration of excess saliva from the front of the mouth with suction equipment;
- Suction through tracheostomy tube;
- The administration of medicine via a naso-gastric tube.

Emergency Procedures

An emergency is defined as a life threatening situation so there will be occasions when a service user's personal safety may be at risk and where urgent intervention is required. However, whatever the circumstances, staff should not put themselves at risk.

If a staff member is seriously concerned about a pupil's physical condition and they have had the appropriate first aid training from a health care professional or qualified trainer in emergency procedures and feel confident of intervening in an emergency situation, they can do so only as a first aid measure, and whilst ensuring that an ambulance is called first through the 999 emergency service.

Cardiac and Respiratory Resuscitation/DNR notices

In the event of a pupil appearing to suffer a cardiac or respiratory arrest, an ambulance must be called using the 999 emergency services. In addition, emergency lifesaving procedures should be carried out by a trained first aider, if one is available. If a pupil has a Do Not Resuscitate decision in place this is recorded in his/her medical protocol.