

Intimate care policy

Thursfield Primary School



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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 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.

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](#)

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

3. Role of parents

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)

3.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents 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 (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 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.

3.2 Creating 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 considered. If there's doubt whether the child is able to make an informed choice, their parents 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 as needed to ensure a consistent approach. It will expect parents 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.

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

All staff however are expected to promote personal dignity and care and Teachers may take responsibility for assisting Children and Young People with personal care needs. This is undertaken voluntarily as part of duties regarding reasonable adjustment.

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 Early Years Manager 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 is 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

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
- 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 Thursfield 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

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.

Whenever possible, the existing toilet areas should be used. If these are inappropriate then choose a private, safe location that protects the dignity of the Child or Young Person without compromising staff. Do not change pupils in educational, play or public areas, or in any location used for the preparation of food and drink.

The minimum facilities would comprise:

Sink with lever taps and hot and cold running water

Dedicated bin

Paper roll or wet wipes for cleansing the body, cleaning the surface of the changing area and mopping up spillages. Settings should liaise with parents about the use of wipes and agree who will provide these, bearing in mind the possibility of allergies. Wipes provided for individuals should be labelled with the child or young person's name.

Antibacterial spray/Milton/liquid soap and water are all suitable for cleaning surfaces and the changing area.

Non-latex gloves and disposable aprons – fresh ones should be used each time for each child

Consideration should be given to storage arrangements for the resources listed. In addition, arrangements should be confirmed for spare clothing to be available within the setting and the transfer of wet or rinsed, soiled clothing back home.

If Children and Young People are able to stand independently, it is acceptable to change them whilst they are standing up. It is not appropriate to do so if they are soiled.

In the short term it may be necessary to change Children and Young People on the floor if no other surface is available. In this circumstance, an easy-to-clean mat should be placed under a changing mat and other pupils should be prevented from accessing the area whilst changing is underway. A risk assessment should be completed for the adult responsible for changing and they should be provided with a kneeling pad.

If making adaptations, schools and settings should try to create a facility that will be suitable for Children and Young People who may be included in the school or setting in the future. The DDA and SENDA require schools and settings to anticipate the needs of potential pupils. Disability, Equality and Accessibility plans should include upgrading toilets to meet the needs of a range of users.

When upgrading, consideration should be given to providing changing facilities that minimise lifting and avoid staff having to kneel down on the floor to change Children and Young People.

Ideal facilities would include:

Emergency call system

Extractor fan

Rise and fall changing table

Toilet

Disposal system for clinical waste (for example via an existing sanitary bin disposal contract)

Sufficient room to store and operate a mobile hoist and to accommodate a powered wheelchair.

Head teachers and Managers have a duty to safeguard the health and safety of both Children and Young People and staff. It is imperative that the following health and safety concerns are addressed before the pupil begins attending.

Personal hygiene (6 step hand washing technique)

Disposal (soiled items should not be placed with general refuse)

Protective clothing (disposable gloves and aprons)

Cleaning of changing area/equipment (responsibility of named persons)

Risk assessment

Disposal of pads and other soiled waste should be negotiated with the company that collects usual refuse from the settings. Some companies will collect waste connected to bathroom needs commensurate with that that would normally be created by a small family. Others will necessitate specific arrangements for 'clinical waste'.

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.

Risk assessments should be completed to anticipate or address concerns raised by Children and Young People, parents or staff. Personal care plans should include a risk assessment. Staff training on risk assessment should aim to encourage staff to 'think safety' when considering situations and identifying potential risks. Support for the creation of Personal Care Risk Assessments can be obtained from the County Physical Disability Support Service.

Certain conditions and disabilities may bring with it early onset of puberty. Menstruation can be alarming for girls if they are not prepared. Support can be obtained from the school Nurse and the Physical Disability Support Service. Schools should make adequate and sensitive preparation to help girls cope with

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

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

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.

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 the Headteacher.

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.

6. Monitoring arrangements

This policy will be reviewed by the Headteacher. At every review, the policy will be approved by the governing board

7. Links with other policies

This policy links to the following policies and procedures:

- › Accessibility plan
- › Child protection and safeguarding
- › Health and safety
- › SEN
- › 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"/>
<p>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).</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	