Intimate care policy

Moulsham Infant School



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| Approved by: | [Lindsey Patterson & FGB] | Date: [November 2024] |
|---------------------|---------------------------|-----------------------|
| Last reviewed on: | [-] | |
| Next review due by: | [November 2025] | |

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 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 statutory safeguarding guidance.

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. (From September 2025 this will be included in the school's induction pack)

For children whose needs are more complex or who need particular support outside of what's covered in the permission form, 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. This is shared with parents/carers through the induction materials.

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 regularly, as well as whenever there are changes to a pupil's needs. The reviews will take place at the Autumn and Summer one plan review meetings.

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 will be updated specifically September 2025). This includes teachers, learning support assistants, midday assistants, the head teacher and office staff.

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 (as needed)
- > 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

We recognise it is best practice from a health and safety, and safeguarding perspective, to have 2 members of staff present when providing intimate care, however, if the number of children or frequency of care that needs to be provided is deemed to be at a high level it maybe that one member of staff supports the child to meet their intimate care needs.

Procedures will be carried out in the school's disabled toilets, unless the child is in pull ups and/or the staff feel the child's level of toileting independence allows them to be changed in the classroom/year group toilets. There may be occasions where it is more appropriate to provide intimate care in the classroom eg. A child has soiled themselves and this is the nearest place to provide support.

If a child is changing a lightly soiled pull up (urine) or is relatively independent in their self-help skills a member of staff may choose to support their changing/intimate on their own in the class/year group toilets.

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

A serviced mechanical bed (to be used as needed), protective gloves (it is best practice for these to be worn), spare underwear/school uniform and soap to wash their hands. Aprons will also be available to staff should they wish to use them. Suitable spray will be provided for any surface to be wiped down as needed. For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock of necessary resources, such as nappies, underwear and/or a spare set of clothing.

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

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 Safeguarding Lead or available Deputy 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.

6. Monitoring arrangements

This policy will be reviewed by the school SENCo annually. At every review, the policy will be approved by the governing board and the head teacher.

This policy will be reviewed annually.

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



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 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) | | | | |
| 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) | | | | |
| I understand the procedures that will be carried out and will contact the school immediately if I have any concerns | | | | |
| 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 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, 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. | | | | |
| Parent/carer signature | | | | |
| Name of parent/carer | | | | |
| Relationship to child | | | | |
| Date | | | | |