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Statutory:	Policy provided centrally for adoption by schools with minimal amendment to the core text. Changes are allowed to the text where indicated

Intimate Care Policy

Jennett's Park CE Primary

Approved by:	
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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, 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

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.

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)

3.2 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.

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 members of SLT e.g. Head of EYFS and SENDCo, Nursery Leads, Teachers, LSA's and HLTA as well as family support.

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

All staff at the school and or nursery 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.

Head of EYFS and the Designated Safeguarding Lead 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, the school/nursery 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 our school/nursery 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

The following are fundamental child-focused principles of Intimate Care:

- 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 considered.
- Every child has the right to have levels of intimate care that are as consistent as possible.

Procedures will be carried out in agreed bathroom spaces within the school environment. There are multiple spaces that can be used for changing children in order to ensure privacy is maintained at all times, including the Nursery bathroom area and several accessible bathroom spaces.

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. Plastic aprons and changing mats are also available, if required.

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.

Accurate written records must be kept every time an adult provides intimate care. Staff should record this information on Meditracker under 'Intimate Care'. This record should reflect what happened and when and who was present during the intimate care. The completed record should be shared with parents/carers by email.

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 school's Designated Safeguarding Lead who will take appropriate action in line with 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.

From a safeguarding perspective, it is acknowledged that intimate care involves risks for both children and adults; intimate care may involve staff seeing, touching or cleaning private parts of a pupil's body. Best practice will be promoted and all adults (ie. those involved in the 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 encouraged and taught to complete aspects of intimate care themselves, under staff guidance as required. An awareness of personal safety, matched to the child's level of development and understanding, should also be developed, for example, through the NSPCC PANTS rules. https://learning.nspcc.org.uk/research-resources/schools/pants-teaching

If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc they will immediately report concerns to the Designated Safeguarding Leader. A clear written record of the concern will be completed and uploaded to MyConcern. A referral will be made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures.

If an adult involved in intimate care observes evidence of female genital mutilation (FGM) they must follow guidelines within 'Keeping Children Safe in Education' immediately. This involves the staff member informing the police immediately where there is visible evidence or direct disclosure. Any other concerns need to be reported to the Designated Safeguarding Lead.

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 class teacher, SENDCO or Headteacher. The matter will be investigated at an appropriate level 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 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

It is developmentally appropriate that children in the EYFS classes may have toileting accidents and need support for intimate care or personal care activities. As such, all staff working in the EYFS regularly attend to children's intimate and personal care needs. This is discussed with parents/carers during transition meetings and written records are kept to inform staff of parent/carer preferences and individual children's needs.

All intimate care is recorded on Meditracker and shared with parents the same day. Children's intimate care needs are reviewed regularly.

- Preparation and Hygiene Precautions

When changing a child's nappy, pad, sanitary wear or soiled clothing, the member of staff should always wear protective gloves. These are available from the Nursery and the main school office. Plastic aprons are also available if required. These are available from the Nursery and the main school office.

Adults and children should always wash their hands thoroughly, using soap, following the delivery or support of any intimate care.

Where the child is known to need regular intimate care, parents/carers should provide wet wipes, nappies and pull ups, pads, sanitary wear, spare underwear and a change of clothes. Children should in the first instance be treated using items provided by their parent/carer. If there are no items provided from home for any reason, items provided by the school will be used.

School provides soap and has wet wipes and nappy bags available to be used if necessary. School will hold a small number of spare nappies and pull-ups although cannot guarantee to have the correct brand or size available. School will ensure there is a range of spare clothing, including underwear available.

Staff should telephone parents to make them aware if less suitable items have had to be used temporarily (e.g a nappy instead of a pull up, or, if the child is wearing incorrect size of clothing.)

- Disposal of Items

When nappies or pull ups are changed, they should be sealed in a nappy bag and disposed of responsibly in the designated nappy bins. Pads and sanitary wear should be disposed of in the designated sanitary bins.

All clothing deemed to be suitable for the laundry will be sent home. Soiled clothes will be placed in a bag and, where possible, double bagged. Clothes which are significantly soiled may be disposed of rather than sent home; this will be discussed with the parent/carer and is at the discretion of the member of staff carrying out the intimate care.

- Cleaning

Absorbent crystals can be used to enable the non-toxic clean-up of bodily fluids such as vomit, urine and blood. Any bodily fluid spillage should be cleaned using a designated dustpan and brush and/or mop and bucket. These items can be identified by their colour - red.

- Record Keeping

Accurate written records must be kept every time an adult provides intimate care. This record should reflect what happened and when, and who was present during the intimate care. Staff should record this information on Meditracker under 'Intimate Care' and should share this record with parents/carers by email.

5.5 Specific procedures for toileting accidents

Every child's right to privacy, modesty and dignity will be respected during intimate care. Wherever possible, the pupil's wishes and feelings will be sought and considered. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting intimate care. It is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions.

Staff who provide intimate care should speak to the child personally, using their name and explaining what they are doing. Staff should communicate with the child throughout the intimate care process, discussing their needs and preferences in a way that reflects the child's age and understanding, and in line with their preferred means of communication (verbal, Makaton etc).

Procedures recorded in 5.4 apply to all toileting accidents where a member of staff is involved in delivering intimate care. Where the child is able to manage their care independently, staff will agree with the child what level of support they will need and will inform the parent/carer accordingly.

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

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

Period products available to pupils can be found in the school office and FSW room that staff can access discreetly on behalf of pupils.

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.

5.7 Medical Procedures

Some pupils may require assistance with invasive or non-invasive medical procedures, for example, the administration of rectal medication, the managing of catheters or colostomy bags or the use of a feeding tube. In these circumstances, the medical procedure, the child's level of independence, and, the support the child requires will be discussed fully with parents/carers, and also medical professionals where appropriate.

Any intimate care agreed that links to an invasive or non-invasive medical procedure should be documented in a health care plan or individualised education plan and should only be carried out by staff who have been trained to do so.

It is particularly important in these circumstances that staff follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

6. Additional guidance for children under two (0–2 years)

This section applies specifically to children under the age of two and should be read alongside all other sections of this policy.

6.1 Individual care and key person approach

For children under two, intimate care will be closely aligned with the key person system. Wherever possible:

- The child's key person (or a consistent familiar adult) will carry out intimate care routines
- Care routines will form part of the child's individual daily care pattern, supporting attachment and emotional security
- Staff will respond promptly to children's needs, recognising that delays in care can cause distress and impact wellbeing

6.2 Care routines as part of learning and development

Intimate care for under-twos will be treated as an important part of:

- Building secure attachments and trust
- Supporting communication and language development through responsive interaction (e.g. talking, eye contact, reassurance)
- Promoting personal, social and emotional development
- Staff will engage positively with children during care routines, ensuring they are calm, respectful and unhurried experiences.

6.3 Nappy changing and hygiene procedures

In addition to section 5.4, the school/nursery will ensure that for children under two:

- Nappy changing facilities are safe, hygienic, and purpose-designed
- Children are checked regularly and changed as needed to maintain comfort and prevent infection or soreness
- Staff follow strict hygiene procedures, including use of PPE and effective handwashing before and after each change
- All waste is disposed of safely and in line with health and safety requirements

6.4 Staffing ratios and supervision

Intimate care will always be carried out in line with EYFS staffing ratio requirements for under twos. In particular:

- Staffing levels will ensure children are supervised at all times, even when a member of staff is changing a nappy
- The environment will be organised so that staff remain within sight or hearing of colleagues, balancing privacy with safeguarding
- No member of staff will be placed in a situation where they are isolated in a way that compromises safeguarding procedures

6.5 Communication with parents/carers

The school/nursery will maintain regular, open communication with parents/carers of under-twos, including:

- Sharing information about nappy changes, toileting, and any concerns (e.g. rashes, changes in patterns)
- Following parents' preferences and routines where possible, to provide consistency between home and setting
- Working collaboratively to support transitions (e.g. weaning, early toilet awareness)

6.6 Safeguarding and wellbeing

Due to their age and vulnerability, children under two require heightened safeguarding awareness. Staff will:

- Be vigilant to any signs of discomfort, distress, or unusual marks and report concerns in line with safeguarding procedures
- Ensure all handling is gentle, respectful, and developmentally appropriate
- Never carry out intimate care in a rushed or intrusive manner

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

8. Monitoring arrangements

This policy will be reviewed by Trustees annually. At every review, the policy will be approved by LGB and headteacher.

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	

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)		Yes/No
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)		Yes/No
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns		Yes/No
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.		Yes/No
Parent/carer signature		
Name of parent/carer		
Relationship to child		
Date		