



Greenmount Primary School

Intimate care policy

Approved by:	Lisa Dixon	Date: November 2024
Last reviewed on:	November 2023	
Next review due by:	November 2025	

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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 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 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 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](#).

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 permission 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 (when 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.

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 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.

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

5.1 How procedures will happen

Intimate care procedures will be carried out by the member of staff designated on the pupil's intimate care plan wherever possible. One staff member will carry out the procedure to maintain the pupil's dignity unless the procedure requires two people for safety or hygiene reasons.

Where a child wears a nappy and needs to lie down to be changed, procedures will be carried out in the Nurse's bathroom where there is a changing table. Pupils in Reception who have had a toileting accident will be changed standing in the Reception bathrooms.

When carrying out procedures, the school will provide staff with aprons, gloves, masks, a rise and fall changing table, foot operated yellow waste bin, liquid soap, paper towels.

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.

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 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 Angela Lee (EYFS Lead) annually. At every review, the policy will be approved by the Headteacher (Lisa Dixon) and Chair of Governors (Robin Goldring).

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 with parental consent

This plan will be reviewed twice a year.

Next review date: March 2024

To be reviewed by: Angela Lee



Intimate Care Plan

Name	
Date of birth	
Relevant background information	
Identified need-specific individual requirement	
Communication skills	
Self-care skills	
Mobility	
Fine motor skills	
Moving and handling assessment Step by step guide to what happens	
Facilities	Clean environment providing safety and dignity. Hand washing facilities.
Equipment	Rise and fall bed, gloves, wipes, aprons, masks, foot operated yellow waste bins, liquid soap, paper towels.
Disposal of soiled clothing as agreed with parents/carers	Solid waste into the toilet. Clothes sent home in tied plastic bag.
Frequency of procedure required	
Staff who will change child	
Setting	
Date/assessor	
Review date	

I/we have read, understood and agreed to the plan for intimate care

Signed.....

Print name.....

Relationship to child.....

Appendix 2: template occasional intimate care parent/carer consent form

PERMISSION FOR SCHOOL TO PROVIDE OCCASIONAL INTIMATE CARE	
Name of child	
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"/>
<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	
Date	