Intimate Care Policy

Calcot Infants and Junior Schools

1. Document Control

Adopted / Adopted and Adapted / Schools own: **School's own**

Review period: **Biennial**
Responsible committee: **Finance, Health, Safety & Premises**
Statutory: **No**
Required on website: **No**
Ratified by committee: **October 2026**
Review due: **October 2028**

2. Change History

Version	Date	Amendment or No Change
1	2019 September	Created
2	2020 December	Amended
3	2022 October	No change
4	2024 October	Amended
5	2026 October	Amended

3. Website History

Version	Date on website
5	Oct 2026

Rationale

It is our intention to develop independence in each child, however there will be occasions when help is required. Our Intimate Care Policy has been developed to safeguard children and staff. It is one of a range of specific policies that contribute to our safeguarding of pupils at Calcot Schools.

We are committed to ensuring that all staff responsible for the care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

Children are generally more vulnerable than adults and staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

Definition of Intimate Care

This may be defined as care tasks of an intimate nature associated with bodily functions, either on a regular basis or during a one-off incident. Such activities can include:

- toileting;
- feeding;
- oral care;
- washing;
- changing clothes;
- first aid and medical assistance; and
- supervision of a child involved in intimate self-care.

Principles of Intimate Care

The following are the fundamental principles of intimate care upon which our policy guidelines are based. Every child has the right to:

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

Parent/Carer Responsibilities

Parents/carers have a responsibility to advise the school of any known intimate care needs relating to their child. For all aspects of a child's education, we expect parents to work in close partnership with the school to support their child.

School Responsibilities

All members of staff working with children are checked and vetted to ensure they are safe to do so. Our staff receive safeguarding training, which is updated regularly, they have a high awareness of child protection issues. We have a comprehensive Child Protection and Safeguarding Policy in place which is reviewed on an annual basis. Staff behaviour is open to scrutiny and staff at Calcot Schools work in partnership with parents/carers to provide continuity of care to our pupils wherever possible.

Our school delivers a personal safety curriculum to all our pupils as part of Personal, Social & Health Education, appropriate to their developmental level. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

The headteacher will ensure that staff allocated to provide intimate care have the appropriate safeguarding checks, training and support. Staff will be familiar with the child's care plan, relevant risk assessments and hygiene procedures. Specialist procedures and moving and handling tasks will only be undertaken by staff who have received the necessary training and, where required, have been assessed as competent.

Monitoring and evaluation arrangements

This policy will be reviewed by the Governors' Finance, Health, Safety and Premises committee on a biennial basis or earlier if required.

Links to other policies

Child Protection and Safeguarding Policy

PROCEDURES FOR STAFF

These procedures apply to all staff providing intimate care. Staff must safeguard the child's wellbeing, dignity and privacy and provide care sensitively, taking account of their individual needs, communication and preferences.

1.Consent and individual care arrangements

1.1 Routine and occasional care

Written parental consent will be sought for direct intimate care, including nappy changes, washing intimate areas, physical assistance with changing underwear or cleaning the child following toileting accidents, using Appendix 2. Where a child needs additional or individualised support beyond these routine arrangements, an intimate care plan will also be agreed.
Children who can change independently may be provided with spare clothing, privacy, verbal guidance and reassurance without prior parental permission. Staff will respect their privacy and provide only the assistance needed. Where direct intimate assistance becomes necessary, staff will follow the consent arrangements in this policy.

1.2 Individual care plans

Where a child requires additional or individualised intimate care, the school will agree an intimate care plan (ICP) with parents/carers using Appendix 1. This may include support relating to SEND, continence conditions or an injury that makes independent toileting difficult.

The plan will take account of the child's views and preferences, where possible, and relevant advice from professionals involved in their care. It will be signed by parents/carers and the Designated Safeguarding Lead, and by the child where appropriate.

The intimate care plan will be stored securely and shared with staff who need it to provide care. It will be reviewed at least every six months and sooner whenever the child's needs or care arrangements change. Amendments will be agreed with parents/carers and communicated to the staff involved.

1.3 Emergency care
Where no relevant parental consent or agreed care plan is in place, staff will contact parents/carers to seek permission before providing direct intimate care, wherever practicable. Verbal permission may be obtained by telephone and must be recorded. If parents/carers cannot be contacted and care is urgently needed, appropriately trained staff will provide the minimum necessary care to protect the child's wellbeing and dignity. The care provided and attempts to contact parents/carers will be recorded, and parents/carers will be informed as soon as possible.

Necessary care must not be unreasonably delayed while staff attempt to contact parents/carers. Where parents/carers have expressly refused consent, staff must seek advice from a senior member of staff promptly to agree how the child's immediate needs can be met safely. Any urgent care provided must be proportionate to those needs and recorded.

2.Preparing to provide care

Direct intimate care will only be provided by school staff who have the appropriate safeguarding checks, training and competence. Volunteers, visitors and external activity providers must not provide direct intimate care.

Wherever possible, regular intimate care will be provided by a familiar member of staff, with a small number of appropriately trained staff available to provide cover. Arrangements will take account of the child's preferences, communication needs and comfort, while maintaining professional boundaries and consistent safeguarding practice.

Staff must work within their training and competence and seek advice or assistance whenever they are unsure.

Intimate care will normally be provided by one appropriately trained member of staff. Before providing care, the member of staff will inform another appropriate member of staff where they are going and what support they are providing. Wherever practicable, another member of staff will be within earshot, while the child's privacy is maintained. Two members of staff will be used where required by the child's care plan or risk assessment, including for safe moving and handling.

Before providing intimate care, staff must ensure that appropriate supervision of the other children is maintained.

3.Supporting the child during care

Staff will encourage children to manage as much of their own care as possible, providing assistance where needed. Before and during care, explain what is happening in a way the child can understand and offer choices where possible.

Staff will check and respect the child's preferences, drawing on information from the child, parents/carers and any agreed care plan.

Staff must use the child's usual communication methods, which may include words, signs, symbols, body movements or eye pointing. Use clear, simple language, allow time for a response and continue to explain the care being provided even where the child does not respond.

Provide care calmly and sensitively, maintaining the child's dignity and appropriate privacy. Use respectful, reassuring language that supports a positive view of their body.

Where more than one member of staff provides care, effective communication and adherence to the agreed care arrangements will ensure a consistent approach.

Intimate care may be provided by a suitably trained member of staff of any sex. The child's preferences and comfort will be taken into account when agreeing care arrangements.

If the child becomes distressed or refuses assistance, pause the care, reassure them and try to understand the reason. Consider whether a different approach or familiar member of staff would help. Do not force routine care. If essential care cannot be provided safely, seek advice from a senior member of staff and contact parents/carers.

4.Practical care procedures

The following procedures must be followed alongside the general staffing, consent, safeguarding and infection-control arrangements in this policy.

4.1 Preventing infection

- Staff will wear disposable gloves and aprons when changing nappies or handling soiled clothing, changing these between children.
- A fluid-resistant surgical mask and eye protection will be used where there is a risk of splashing body fluids onto the face.
- Used PPE will be disposed of in the hygienic nappy disposal bin.
- The changing mat and surrounding surfaces will be cleaned after each use and at the end of each day with suitable cleaning products in accordance with the manufacturer's instructions. Any contamination with body fluids will be cleaned and disinfected appropriately.
- Staff will wash their hands with soap and water and dry them with paper towels after each change and after removing gloves. Hand sanitiser must not replace handwashing following contact with faeces.

- Children will be supported to wash their hands after toileting or changing
- The changing mat will be checked weekly for damage and removed from use if the cover is damaged

4.2 Changing a nappy

- Prepare all necessary supplies before starting. Use a designated changing area with a changing table or mat suitable for the child's size and needs.
- Follow the infection-prevention procedures above, using disposable gloves and an apron, nappy sacks and appropriate baby wipes.
- Never leave a child unattended on a changing table.
- Securely bag used nappies and dispose of them in the school's designated nappy disposal bin.
- Record the nappy change and inform parents/carers in accordance with Section 5 below.

4.3 Changing wet or soiled clothing

- Support the child to change in the toilet area or designated changing area, using a changing table where appropriate to their size and needs.
- Encourage independent changing wherever possible and provide assistance as needed, following the infection-prevention procedures above. The school will maintain a basic supply of spare clothing and necessary changing items.
- Where direct intimate assistance is needed, staff will follow the consent arrangements in this policy. Children who can change independently will be provided with suitable clothing, privacy and reassurance without unnecessary delay.
- Place wet or soiled clothes securely inside a named bag, tie the handles and return the bag discreetly to the parent/carer. Keep bags out of children's reach.
- Follow Section 5 below, distinguishing direct intimate care from independent changing.

4.4 Applying creams or ointments:

Medicinal creams and ointments will be administered in accordance with the Supporting Children with Medical Conditions Policy and medicines procedures, including written parental permission, recording each administration and informing parents/carers on the same day.

Routine barrier creams will be covered by written parental consent and the child's agreed care arrangements. Staff will follow the product instructions and any relevant professional advice.

Children will be encouraged to apply creams independently where appropriate. Where assistance requires clothing to be moved or removed, care will take place in an appropriate private area.

4.5 Responding to an injury involving an intimate area

A child reporting an injury to an intimate area will be supported discreetly by an appropriately trained first aider. Staff will listen to the child and provide only the assessment and assistance necessary within their training, explaining any proposed action and maintaining privacy. A second adult may remain nearby to protect privacy and provide support.

Staff must not carry out an internal examination or ask the child to assess the seriousness of the injury themselves. Medical advice or emergency assistance must be obtained where indicated without waiting for a parent to arrive. Parents/carers will be contacted promptly. Where there is a safeguarding concern, staff must seek advice about parental notification in accordance with section 6.

The incident and action taken will be recorded through the school's accident procedures. Any concern about the cause of the injury must be reported immediately to the DSL or a deputy DSL and recorded in accordance with the Child Protection and Safeguarding Policy.

4.6 Supporting menstrual care

Pupils who menstruate will be offered discreet access to period products, suitable disposal facilities and support following any accident. Staff will encourage independence and explain where help is available. Any direct intimate assistance will be provided through an agreed individual care plan, except where urgent care is necessary.

5.Recording care and informing parents/carers

Direct intimate care
Staff must record direct intimate care as soon as practicable after providing it. This includes nappy changes, washing intimate areas and physical assistance with changing underwear or toileting. The record must identify the child, date and time, reason for care, assistance provided and staff involved. Parents/carers will be informed on the same day through the agreed communication arrangements.

Routine care may be recorded on Tapestry or in an existing care or communication log. Where no suitable record exists, staff must complete the school's Intimate Care Record, which will be held securely by the school office. Records will only be accessible to those who need the information. An existing record meeting these requirements does not need to be duplicated.

Unexpected care without prior consent
In addition to the details above, staff must record any parental permission obtained, attempts to contact parents/carers and, where care was provided without prior permission, why it could not reasonably wait. A senior member of staff and parents/carers must be informed as soon as practicable.

Independent changing
Where a child changes independently and staff only provide spare clothing, privacy, verbal guidance or reassurance, a separate intimate-care record is not required. Parents/carers will be informed as appropriate. Repeated accidents will be discussed with parents/carers and recorded where needed to identify patterns or agree support. Any recording arrangements specified in an individual care plan must be followed.

Accidents, injuries and safeguarding concerns
Accidents and injuries must be recorded through the school's accident and first-aid procedures. Safeguarding concerns must be reported and recorded through the Child Protection and Safeguarding Policy. A routine intimate-care entry does not replace an accident record or safeguarding report where either is required.

6.Responding to concerns and incidents.

Accidental injury during care

If a child is accidentally injured during care, staff must reassure the child, provide appropriate first aid and report and record the incident through the school's accident procedures. Parents/carers must be informed promptly. Where the circumstances raise a safeguarding concern, parental notification must follow the arrangements below.

Concerns about a child's safety or wellbeing

If staff notice any unexplained marks, bruising, soreness, swelling or a concerning emotional or behavioural response, they must report this immediately to the DSL or deputy DSL and record it in accordance with the Child Protection and Safeguarding Policy.

If a child makes a disclosure or expresses concern, staff must listen calmly, avoid leading questions and record the child's own words as accurately as possible. Staff must not promise confidentiality or investigate the concern themselves.

Concerns or allegations about an adult

Concerns about an adult's conduct during intimate care must be reported without delay through the school's allegations against staff or low-level concerns procedures, as appropriate. Allegations that an adult has harmed or may pose a risk of harm to a child must be reported immediately to the headteacher. Allegations concerning the headteacher must be reported to the chair of governors.

Allegations will be managed by the headteacher as case manager, or by the chair of governors where the allegation concerns the headteacher, in accordance with the school's safeguarding procedures. The adult who is the subject of the allegation must not manage their own case or decide what information is shared with parents/carers. Staff receiving or reporting a concern must not investigate it themselves.

Informing parents/carers about safeguarding concerns

Where a safeguarding concern arises, staff must seek advice from the DSL or deputy DSL before contacting parents/carers. Parents/carers will be informed as soon as it is safe and appropriate to do so. Contact may be delayed where sharing information could increase the risk of harm to the child or prejudice enquiries by children's social care or the police.

The DSL, or the case manager where an allegation concerns an adult, will determine what information can be shared and when, consulting the Local Authority Designated Officer (LADO), children's social care or the police as appropriate. Decisions and reasons for delaying notification must be recorded through the relevant safeguarding or allegations procedure.

Appendix 1 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 making sure 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?	
Other preferences or communication needs relevant to care	
Signature of child (where appropriate) or record how their views were sought	
Date	
DESIGNATED SAFEGUARDING LEAD	
Signature of DSL	
Date	

This plan will be reviewed at least every six months and sooner whenever the child's needs or care arrangements change.

Next review date: To be reviewed by:

Appendix 2 Intimate care: 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 direct intimate care to my child, including nappy changes, washing intimate areas and physical assistance with changing underwear or toileting in accordance with the school's Intimate Care Policy	□
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or my child has an infection)	□
I understand the procedures that will be carried out and I will contact the school immediately if I have any concerns	□
I **do not** give consent for my child to be washed and changed in case of a toileting accident. Instead, the school will contact me or my emergency contact and I/they will organise for my child to be washed and changed. I understand that if the school cannot reach me or my emergency contacts and my child urgently needs intimate care, appropriately trained staff will provide the minimum necessary care in accordance with the school's policy and inform me as soon as possible.	□
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	