

## Intimate Care Policy

This policy was agreed on: Spring 2026

Next review: Spring 2028

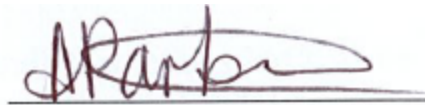
Written by: Mrs L Willetts

Policy confirmed by the Governing Body of Grace Mary Primary School on:

Date: 24<sup>th</sup> June 2026

Signature:

(Chair of Governors)



Signature:

(Head Teacher)



## **1. Introduction**

Grace Mary Primary School is committed to ensuring that all staff responsible for providing intimate care do so in a professional, respectful and safe manner at all times. We recognise the fundamental need to protect the dignity, rights and wellbeing of every child when intimate care is required. No child will be attended to in a manner that causes distress, embarrassment or pain.

Children will be treated with privacy, choice and respect. Staff delivering intimate care have a high awareness of safeguarding protocols and work in partnership with parents/carers to provide consistent, individualised support. This policy aligns with the Equality Act 2010, the SEND Code of Practice (2014), and our Safeguarding and Child Protection Policy.

## **2. Definition of Intimate Care**

Intimate care refers to any care that involves toileting, washing, changing clothes, touching private areas, or carrying out an invasive procedure to personal intimate areas.

It may include: changing nappies, pull-ups, pads or soiled clothing; supporting toileting or continence care; washing or showering; assistance with menstruation or personal hygiene; and certain medical procedures (only by appropriately trained staff following clear medical protocols).

## **3. Guiding Principles**

**Respect & Dignity** – All intimate care must be provided with utmost respect, ensuring the child's privacy and comfort.

**Promotion of Independence** – Children will be supported to develop independence wherever possible, appropriate to their age and ability.

**Minimum Necessary Staff** – Only the minimum number of adults required for safe and appropriate care should be present.

#### **4. Commitment to Equality**

In line with the Equality Act 2010 and SEND Code of Practice, Grace Mary Primary School ensures that no child is discriminated against due to a disability, developmental delay, or medical condition. No child will be refused admission, sent home, or made to wait for parents/carers due to identified incontinence or personal care needs. Reasonable adjustments will be made to meet individual needs.

#### **5. Best Practice in Intimate Care**

- Staff get to know the child well and communicate appropriately throughout, using the child's preferred communication methods.
- Agreed, appropriate terminology for body parts and bodily functions will be used (decided with parents/carers).
- Cultural and religious considerations are respected.
- Children are prepared for each step and encouraged to participate as much as possible to build independence.
- Privacy and modesty are maintained at all times.
- Records are kept of intimate care, including any concerns or changes in behaviour.
- Image taking technology e.g. tablets or phones are not used in areas where intimate care is provided.
- All staff engaged in intimate care hold an enhanced DBS check.
- Male staff may change female pupils and female staff may change male pupils, provided they have an enhanced DBS and follow safeguarding protocols.

#### **6. Locations and Procedures for Intimate Care**

- Intimate care takes place only in designated toilet or changing areas.
- A changing table is used where appropriate.
- Children wearing pull-ups may be supported to change standing in a toilet cubicle.

- Where and how a child is changed is agreed with parents/carers and recorded in the Intimate Care Plan (ICP).
- Children able to use the toilet may still receive adult support to ensure safety and develop personal hygiene skills.

## **7. Staff Training and Safety**

Staff involved in intimate care follow training and guidelines on health and safety, safeguarding, manual handling, and infection control. Procedures must protect both pupils and staff.

Manual handling needs are risk assessed, and OT/PT advice is sought where specialised equipment or approaches are required.

## **8. Safeguarding**

If staff observe unusual marks, bruises, soreness, distress, or concerning behaviour, they must immediately inform the Designated Safeguarding Lead (DSL) and follow safeguarding procedures.

Children's preferences are respected. If a child is uncomfortable being cared for by a particular adult, parents/carers will be contacted to resolve the issue and suitable arrangements made.

## **9. Partnership with Parents/Carers**

We maintain open communication with families and co-create an Intimate Care Plan (ICP) that sets out: the care required; how and where it will occur; communication preferences; agreed terminology; level of independence; cultural/religious considerations; number of staff; equipment/resources; and review arrangements.

Parents/carers provide necessary supplies (e.g., nappies/pull-ups, wipes, spare clothing) and inform school of changes in needs. Joint approaches to building independence are agreed and reviewed regularly.

## **10. Record Keeping**

Staff maintain accurate logs of intimate care interventions and note any concerns for ICPs.

## **11. Dealing with Body Fluids**

Body fluids (urine, faeces, blood, vomit) are cleaned promptly using PPE and safe disposal procedures. Soiled clothing is bagged to go home; children are kept away from affected areas until cleaned. A shower facility may be used in specific circumstances, and parents/carers will be informed.

## **12. Off-site Visits and Activities**

Intimate care needs are considered in trip planning and risk assessments, with additional equipment or staffing arranged as required.

## **13. Monitoring and Review**

Intimate Care Plans are reviewed annually as necessary e.g. at EHCP annual review if appropriate, sooner if the child's needs change, following parental requests, staff concerns, or advice from health professionals.

## **14. Conclusion**

Grace Mary Primary School is committed to safeguarding the dignity, wellbeing and rights of every child requiring intimate care. Working in partnership with families ensures consistent, safe and sensitive support that promotes independence and inclusion.

## Appendix A – Intimate Care Plan (ICP)

Pupil Name:

Date of Birth:

Class/Year Group:

|                                                                             |  |
|-----------------------------------------------------------------------------|--|
| Primary Need/Reason for Plan                                                |  |
| Care Required (what)                                                        |  |
| Location of Care (where)                                                    |  |
| Frequency/Times (when)                                                      |  |
| Level of Supervision/Number of Staff                                        |  |
| Child's Communication Preferences                                           |  |
| Agreed Terminology for Body Parts/Functions                                 |  |
| Cultural/Religious Considerations                                           |  |
| Equipment & Parent-Supplied Resources (e.g., wipes, nappies, spare clothes) |  |
| Promoting Independence – what the child will do for themselves              |  |
| Manual Handling/Moving & Handling Requirements (if any)                     |  |
| Infection Control Measures/PPE                                              |  |
| Additional Notes/Strategies                                                 |  |

Sign-off: Staff involved (names/roles):

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This plan has been discussed with me and I agree to change my child at the last possible moment before he/she comes to school, provide the resources indicated above and encourage my child's participation in the toileting procedures at home as appropriate and where possible.

Signed: \_\_\_\_\_

Parent/Carers Full Name: \_\_\_\_\_

## Appendix B – Intimate Care Risk Assessment

Child's Name:

Name of School: **Grace Mary Primary School**

Date of Risk Assessment:

|                                                                                                                                    | Yes of No | Notes |
|------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| Does the weight/size/shape of the pupil present a risk?                                                                            |           |       |
| Does communication present a risk?                                                                                                 |           |       |
| Does comprehension present a risk?                                                                                                 |           |       |
| Are there any medication considerations? Including pain/discomfort?                                                                |           |       |
| Is there history of child protection?                                                                                              |           |       |
| Has there ever been allegations made by the child or family?                                                                       |           |       |
| Does moving and handling present a risk?                                                                                           |           |       |
| Does behaviour present a risk?                                                                                                     |           |       |
| Is staff capability at risk? (Back injury/pregnancy)                                                                               |           |       |
| Are there any risks concerning individual capability (pupil)? E.g. fragile bones, head control, epilepsy, general facility, other. |           |       |
| Are there any environmental risks?<br>Heat/cold.                                                                                   |           |       |

Date:

Signed:

Name:

### Appendix C – Shower Facility Permission

In certain circumstances, it may be appropriate and in the child's best interests to use a shower facility to clean the child. If staff determine that showering is necessary, a private shower area will be used and parents/carers will be informed on the same day (either at collection or via home-school communication). This will be in line with the Intimate Care Policy.

I acknowledge that I have read and understood the Intimate Care Policy and I give permission for my child to receive intimate care as appropriate, including the use of shower facilities if necessary.

Child's Name: \_\_\_\_\_

Class/Year Group: \_\_\_\_\_

Parent/Carer Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Grace Mary Primary School

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