

Intimate Care Policy

Adopted:	29 January 2026
Review cycle:	Three years
Next review due by:	January 2029

1) Definition

- 1.1 Intimate care can be defined as any care which involves washing, wiping, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves, but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.
- 1.2 It also includes supervision of pupils involved in intimate self-care.
- 1.3 It could also include swimming, physiotherapy and massage depending on the activity. See paragraphs 11-12 in this policy for further information.

2) Principles

- 2.1 The Board of Trustees will act in accordance with the Equality Act 2010 and Keeping Children Safe in Education which is statutory guidance from the Department for Education issued under Section 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014, the Non-Maintained Special Schools (England) Regulations 2015, and the Education and Training (Welfare of Children) Act 2021. Schools and colleges in England must have regard to it when carrying out duties to safeguard and promote the welfare of children.
- 2.2 We take seriously our responsibility to safeguard and promote the welfare of the children and young people in our care. Meeting a pupil's intimate care needs is one aspect of safeguarding.
- 2.3 The Board of Trustees recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects their ability to carry out day-to-day activities must not be discriminated against.

- 2.4 This intimate care policy should be read in conjunction with the Trust/schools' policies as below (or similarly named):
- [Child Protection and Safeguarding Policy](#) and Safeguarding Procedures (see schools' websites for the school specific child protection and safeguarding policy)
 - [Code of Conduct for Employees](#)
 - [Whistleblowing Policy](#)
 - [Managing Allegations and Low Level Concerns Policy](#)
 - [Health and Safety Policy](#) and Procedures
 - [Special Educational Needs Policy](#)
 - [Supporting Pupils with Medical Conditions](#) which includes the Administration of Medicines
 - [Data Protection Policy](#)
- Plus
- Devon County Council Moving and Handling Guidance found [here](#)
- 2.5 The First Federation Trust will ensure that procedures and plans are in place in order that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.
- 2.6 All staff must always treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The pupil's welfare is of paramount importance, and their experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.
- 2.7 All pupils will be supported to achieve the highest level of autonomy possible given their age and abilities. Staff will encourage each individual to do as much for themselves as possible.
- 2.8 Staff will work in close partnership with parents / carers and other professionals as necessary, to share information and provide continuity of care.
- 2.9 Intimate Care will be provided by members of staff in line with their relevant job descriptions. Where the intimate care required is more complex or invasive, members of staff will be given the choice as to whether they are prepared to provide this intimate care to the pupil, in discussion with the Head Teacher. Training and support, as per this policy, must be in place in such circumstances.
- 2.10 All staff must be aware of the school's Data protection Policy. Sensitive information will be shared only with those who need to know.
- 2.11 This Intimate Care Policy has been developed to safeguard pupils and staff. It applies to everyone involved in the intimate care of any pupil.

3) Best practice

- 3.1 There must be careful communication with each pupil who needs help with intimate care using their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences.
- 3.2 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate in a way that reflects the pupil's age and cognitive ability.
- 3.3 Every pupil's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when they need help with intimate care. Reducing the numbers of staff involved goes some way to preserving the pupil's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and considered.
- 3.4 Staff will be supported to adapt their practice in relation to the needs of individual pupils, taking into account developmental changes such as the onset of puberty and menstruation.

4) Child / Young Person Focused Principles of Intimate Care

The following are the fundamental principles upon which this policy is based:

- Every child / young person has the right to be safe.
- Every child / young person has the right to personal privacy.
- Every child / young person has the right to be valued as an individual.
- Every child / young person has the right to be treated with dignity and respect.
- Every child / young person has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child / young person has the right to express their views on their own intimate care and to have such views taken into account.
- Every child / young person has the right to have levels of intimate care that are as consistent as possible.

5) Safeguarding

- 5.1 Adults who assist pupils with intimate care should be employees of the school, not students, or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.
- 5.2 An individual member of staff should inform another appropriate adult if they are going alone to assist a pupil with intimate care or personal care of any kind.
- 5.3 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care. If the nature of the site requires being able to contact someone in an emergency, consider using walkie talkies or a school mobile phone without camera capability.
- 5.4 Providers must ensure children's privacy is considered and balanced with safeguarding and support needs when changing nappies and toileting.

- 5.5 The First Federation Trustees and Trust staff recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.
- 5.6 The school's safeguarding procedures will be adhered to.
- 5.7 From a safeguarding perspective it is acknowledged that intimate care involves risks for pupils and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in 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 practices.
- 5.8 Pupils will be taught personal safety skills matched to their level of development and understanding.
- 5.9 If a member of staff has any concerns about physical changes in a pupil's presentation, for example, unexplained marks, bruises, frequent urine infections, they will immediately report concerns to the Designated Safeguarding Lead. A clear record of the concern will be completed on CPOMS/My Concern and a referral made to Local Authority's Children's Social Care if appropriate, in accordance with the school's safeguarding procedures. See the school Safeguarding Policy for further information.
- 5.10 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 school Designated Safeguarding Lead. 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 issues are resolved so that the pupils' needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 5.11 If a pupil, or any other person, makes an allegation or has a low level concern regarding an adult working at the school/Trust this should be reported to the Head of School (or to the Link Director and Chair of Trustees if the concern is about the Head of School or a member of the Central Team), who will consult the Local Authority Designated Officer in accordance with the Trust's Managing Allegations and Low Level Concerns policy. It should not be discussed with any other members of staff or the member of staff the concern or allegation relates to.
- 5.12 Similarly, any staff member who has concerns about the conduct of a colleague at the school/Trust or about any improper practice, including any low level concerns, they will report this to the Head of School (or to the Link Director and Chair of Trustees if the concern is about the Head of School or a member of the Central Team), who will consult the Local Authority Designated Officer in accordance with the Trust's Managing Allegations and Low Level Concerns policy. It should not be discussed with any other members of staff or the member of staff the concern or allegation relates to.

6) Equipment and Training

- 6.1 All staff undertaking intimate care must be given appropriate training e.g. Safeguarding, Disability Awareness, Health and Safety, Infection Control, Bladder

and Bowel Care, Moving and Handling as necessary. Additional guidance can be found [here](#): 'Self-Assessment Checklist for Infection Prevention and Control Measures to Support Education Settings.'

6.2 Staff should be fully aware of best practice regarding infection control. Measures include:

- **Hand Hygiene:** This is the single most effective way to prevent the spread of infection. Hands must be washed with soap and water when visibly soiled. Soap and water or an alcohol-based hand rub can be used at other times, especially before and after all contact with a child and before and after a procedure.
- **Personal Protective Equipment (PPE):** Appropriate PPE creates a barrier to prevent contamination from body fluids. Disposable gloves and aprons should be worn whenever there is a risk of contact with blood or body fluids and changed after every single use.
- **Environmental Cleaning:** The care area and frequently touched surfaces (e.g. changing mats) must be cleaned with a disinfectant product immediately after use.
- **Waste Management:** All waste, especially soiled nappies/pads, gloves, and aprons, should be disposed of in a nappy sack in appropriate containers (e.g. foot-operated bins with sealed lid) and managed according to local clinical waste policies. To comply with the Environmental Act (1990), nappies must not be disposed of in 'general or domestic waste' but in an 'offensive waste' bin or bag. These are usually yellow. Offensive waste bins/bags must be clearly designated and labelled as such. Bins should be emptied frequently and collected by a licenced waster carrier. If your setting produces more than 7kg of nappy waste per collection period, you may need to contact your local authority to discuss specific disposal arrangements.
 - **Re-usable nappies** Soiling: Solid waste should be flushed directly down the toilet. Storage: Soiled reusable nappies must be stored in a sealable wet bag (waterproof and odour-proof) and returned to parents at the end of the day
- **Contaminated Linen/Clothing:** Soiled clothing should be placed in a sealed plastic bag to be passed to the child's parents at the end of the day.
- **Respiratory Hygiene:** Staff and individuals should be educated to cover their mouth and nose with a tissue or their elbow when coughing or sneezing and perform hand hygiene afterwards

6.3 Providers must ensure there is an adequate number of toilets and hand basins available – there should be separate toilet facilities for adults.

6.4 Providers must ensure there are suitable hygienic changing facilities for changing any children who are in nappies.

6.5 Providers must ensure there is an adequate supply of clean spare clothes, and any other necessary items. Each setting to make clear to parents which supplies are provided by the setting, and which are required to be provided by parents.

7) **Recording procedures**

7.1 ***Pupils in nappies, pulls ups or those still toilet training, which is age and stage appropriate, i.e. typically Nursery and Reception children, who require regular assistance with intimate care, the recording procedures are as follows:***

- a) Nursery and Reception Starter Welcome Packs will include an Early Years Intimate Care Parent Agreement to be signed by parents/carers (appendix 1)
- b) At the time the Intimate Care has taken place, the member/s of staff providing the Intimate Care completes the Intimate Care Individual Record for each child (appendix 2)
- c) Parents are informed of daily Intimate Care provided to ensure they are aware of their child's toileting habits. This could be via an Intimate Care Parent slip (see appendix 3 for an example) or other forms of communication by the setting such as a 'Care Diary' on Tapestry app.

7.2 ***Pupils with a SEND/Medical need who require regular intimate care outside of the developmental norm, the recording procedures are as follows:***

- a) Pupils will have an individualised Intimate Care Plan for staff to follow (appendix 4). See Paragraph 8 below for more specific information.
- b) At the time the Intimate Care has taken place, the member/s of staff providing the Intimate Care completes the Intimate Care Individual Record for each child (appendix 2)
- c) Parents are informed of daily Intimate Care provided to ensure they are aware of their child's toileting habits. This could be via an Intimate Care Parent slip (see appendix 3 for an example) or other forms of communication by the setting such as a 'Care Diary' on Tapestry app.

8) **Intimate Care plans**

8.1 An Intimate Care should be drawn up where the pupil's needs fall outside the developmental norm, with the consent of all involved, including the pupil, where they are able to express their opinion. (See Appendix 4)

8.2 Where pupils with complex and / or long-term health conditions have a **health care** plan in place, the plan should, where relevant, consider the principles and best practice guidance in this intimate care policy.

8.3 The plan should be co-produced and agreed at a meeting with parents / carers, key staff, school SENDCO and any relevant professionals and the pupil consulted wherever possible / appropriate.

8.4 Any current or historical safeguarding concerns (such as past abuse) should be considered.

8.5 The plan should be reviewed as necessary, but at least annually, and at any time of change of procedure or circumstances, e.g. for residential trips or staff changes, (where the staff member concerned is providing intimate care). See appendix 5 for residential trip information).

- 8.6 Intimate Care Plans should also consider procedures for off-site visits / day trips.
- 8.7 A copy of the Intimate Care Plan is uploaded onto CPOMS/My Concern when originally created and at each point of review/update
- 8.8 If there are unforeseen changes to the agreed Intimate Care Plan, this would be recorded on CPOMS/My Concern, the changes communicated with parents / carers and the Intimate Care Plan updated to reflect any changes in need.
- 8.9 Where relevant, it is good practice to agree with the pupil and parents / carers appropriate terminology for private parts of the body and functions, and this should be noted in the plan. Safeguarding / sex education guidance generally states this should be anatomically accurate/factual words, and not "family words".

9) Infrequent toileting 'accidents'

- 9.1 If a child, of any age and stage, has a toileting 'accident' and **is not** assisted or supervised in the support of this, then this is **not** Intimate Care; no Intimate Care has been provided by a member of staff. This may look like a member of staff passing clean underwear/clothing under the toilet door for example.
- 9.2 If no intimate care has been provided by a member of staff, then this policy does not apply and formal recording is not required. Best practice would suggest that informing the parents/carers the same day either verbally or through a written note, text message or other form of parental communication, would be appropriate.
- 9.3 If a child, of any age and stage, has a 'one-off' toileting 'accident' and **is** assisted or supervised in the support of this, then this **is** Intimate Care. This policy would then apply.
- 9.4 If Intimate Care is provided as described in Paragraph 9.3 for a 'one off' toileting 'accident' then a record of this Intimate care would be required. Staff to record this 'one off' accident directly onto CPOMS/My Concern. If toileting 'accidents' become frequent, then staff to decide whether to follow section 7 and/or 8 of this policy.

10) Medical Procedures

- 10.1 Pupils might require assistance with invasive or non-invasive medical procedures such as tube feeding, tracheostomy care, suction, the administration of rectal medication, managing catheters or colostomy bags. These may be defined as Intimate Care. These procedures will be discussed with parents / carers, and documented in either a health care plan or an intimate care plan. Recording of such procedures will be in line with Administering medicines policy if a Health Care Plan is required, or in line with this Intimate Care Policy recording procedures outlined in Paragraph 8 if an Intimate Care Plan is required.
- 10.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly as per Paragraph 6.

- 10.3 Any members of staff who administer first aid should be appropriately trained in accordance with Devon Health & Safety services guidance. If an examination of a pupil is required in an emergency aid situation it is advisable to have another adult present, with due regard to the pupil's privacy and dignity.

11) Physiotherapy/Occupational Therapy

- 11.1 Pupils who require Physiotherapy / Occupational Therapy support whilst at school must follow a plan written by a trained Physiotherapist / Occupational Therapist. If it is agreed in the plan that a member of the school staff should undertake part of the physiotherapy/exercise regime (such as assisting children with exercises), then the Physiotherapist / Occupational Therapist must provide guidance on the required technique and for this to be updated regularly. Where possible, the Physiotherapist / Occupational Therapist should observe the member of staff applying the technique.
- 11.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
- 11.3 Any concerns about the regime or any failure in equipment should be reported to the Physiotherapist / Occupational therapist.
- 11.4 With the points outlined above, this form of physiotherapy is not defined as intimate care, therefore this policy does not apply. However, staff should follow safer working practices, and follow any SEND/medical/health plans accordingly.
- 11.5 Staff should always record on CPOMS/My Concern, any concerns they have following providing physiotherapy to a child, and discuss with the school's DSL.

12) Massage

- 12.1 Massage can be used with pupils who have SEND needs and / or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.
- 12.2 It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face, in order to safeguard the interest of both adults and pupils.
- 12.3 Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.
- 12.4 With the points outlined above, this form of massage is not defined as intimate care, therefore this policy does not apply. However, staff should follow safer working practices, and follow any SEND/medical/health plans accordingly.
- 12.5 Staff should always record on CPOMS/My Concern, any concerns they have following providing massage to a child, and discuss with the school's DSL.

Intimate Care Policy

Appendix 1

Early Years Intimate Care Parent Agreement

There may be times during the day when your child will require a member of staff to help them with an aspect of intimate care. For example, changing a nappy, changing wet or dirty underwear or helping your child to clean themselves properly after going to the toilet.

Our school has an Intimate Care Policy which is available to view on the First Federation Trust website for more detailed information

www.firstfederation.org/safeguarding-2

To ensure, a clear collaborative approach to Intimate Care between a child's parents/carers and the nursery/school setting, please read the information below and complete and sign the information overleaf and return to your child's Nursery leader/class teacher.

For those children in nappies, parents/carers agree:

- I agree to ensure that the child is changed at the latest possible time before being brought to the setting / school.
- I will provide the setting / school with spare nappies or pull ups, wet wipes, nappy sacks, cream if required and a change of clothing. Please check equipment provision with your individual setting.
- I understand and agree the procedures that will be followed when my child is changed at school including the use of any cleanser or wipes.
- I agree to inform the setting/school should the child have any marks/rash.
- I agree to a 'minimum change' policy i.e. the school will not undertake to change the child more frequently than if s/he were at home.
- I agree to review arrangements should this be necessary

For those children in nappies, the school/nursery agree:

- We agree to change the child during a single session should the child soil themselves or become uncomfortably wet.
- We agree to monitor the number of times the child is changed to identify progress made whilst being toilet trained.
- We agree to report should the child be distressed, or if marks/rashes are seen.
- We agree to review arrangements should this be necessary.
- Where possible, we aim for your child's needs to be met by a member of staff that they are familiar with.

Early Years Intimate Care Parent Agreement

Name of child:

Date:

Please detail what care is required: nappy changing/potty training/toilet training/
none

What is your child able to do alone?

When do you usually change your child's nappy?

**What equipment do you usually use at home? E.g. potty, step stool, toilet training
seat**

**How does your child communicate his/her needs? Please give us some indication
of the terminology you use at home?**

**Please indicate if you have any cultural or religious sensitivity related to aspects of
intimate care?**

**Is there any other important information you think we should know regarding
Intimate Care for your child? Please detail below.**

***I give permission for staff to carry out intimate care for my child as per the First
Federation Trust Intimate Care Policy.***

Signed (relationship to child)

Print name

.






Date

Intimate Care Policy – Appendix 3

Intimate Care Parent slip example

Child's Name:		Date:				
Intimate Care Parent slip						
Session(s) a.m. / p.m. / All day (please circle)						
Wet nappies changed	1	2	3	4	5	
Time changed						
Soiled nappies changed	1	2	3	4	5	
Time changed						
Toileting/ intimate care support	1	2	3	4	5	
Time supported						
Any additional notes: e.g. constipated, looser stools, unusually dry nappy, sore skin, cream applied etc.						
Signed:						

Parent equipment reminder slip example

Name:		Date:		
PLEASE SEND IN...				
				



Intimate Care Plan



Childs Name:		DOB:	
Person Drawing up plan:		NHS no:	
Date of Plan:		Review Due:	

Area of Need:

What is to be done:

When:



Where:



How:



Special notes: e.g. reward scheme, attitude to be taken, access to toilet, equipment required:



How to record:



Additional Information: e.g. guidance on how much a child should drink:



Record of Independence

Name:			
I can already:			
✓			
✓			
✓			
I will try to:			
➤			
➤			
What I want to achieve is:			
➤			
These people will help me achieve my goal:			
Signed by child, if appropriate:			
As parent / carer of		I give permission for the staff listed above	
to provide intimate care for my child and I will advise the Head Teacher of any condition or changes in relation to my child's needs, which may affect issues of intimate care.			
Parent/Carer's name:		Signature:	
Contact Phone No/s:		Date:	
Signature of person drawing up the plan and responsible for reviewing:		Date:	

Intimate Care Policy – Appendix 4

Record of Agencies Involved with:			
Childs Name:		DOB:	
Role	Name	Contact details	
Parent/Carer			
School Nurse/Health Visitor			
Continence Advisor			
Physiotherapist			
Occupational Therapist			
Hospital Consultant			
Hospital School Service			
Advisory Teacher Physical Difficulties			
GP			
Educational Psychologist			
Social Worker			
Other			

Intimate Care Policy – Appendix 5

Residential Trips

Residential educational visits are an important part of our pupils' experience. Particular care is required when supporting pupils with intimate care needs in this less formal setting.

Informal relationships can be more common in residential trips, but staff must still adhere to our Safeguarding Policy, Code of Conduct for Employees and Pupil Behaviour Policy (see [here](#) and [here](#)).

Some specific Intimate Care issues may arise in a residential context.

If a child with intimate care needs is sharing a room with other pupils, consideration should be given to the privacy of both the individual and the peers they are sharing a room with.

A Risk Assessment of the residential trip must be undertaken well in advance and uploaded to EVOLVE. Changes to the Moving and Handling Plan, Intimate Care Plan and Personal Emergency Evacuation Plan should be made to reflect the different venues and activities.