

# CAVERSHAM PRIMARY SCHOOL



## Intimate Care Policy

Feb 2026

To be reviewed February 2028

**Article 2:** All children have these rights, no matter who they are, where they live what their parents do, what language they speak, what their religion is, whether they are a boy or girl, what their culture is, whether they have a disability, whether they are rich or poor. No child should be treated unfairly on any basis.

**Article 23:** You have the right to special education and care if you have a disability, as well as all the rights in this Convention, so that you can live a full life.

**Article 28:** You have the right to a good quality education. You should be encouraged to go to school to the highest level you can.

# 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

Where there isn't an intimate care plan 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

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

- In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).
- Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.
- These records will be kept in the intimate care record book and available to parents/carers on request (redaction of data belonging to other children will be required before sharing).
- All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.
- Staff who provide intimate care are trained in personal care (eg training on CPS policy and procedures, health and safety or medical training where appropriate) according to the needs of the pupil.

- Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.
- 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.
- There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.
- Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.
- Every child'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 s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.
- An individual member of staff must inform another appropriate staff member when they are going to assist a pupil with intimate care. Wherever possible, two members of staff should be present, although the second adult will always maintain distance for the pupil's privacy and dignity.
- The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.
- 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.
- All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- Health & Safety guidelines should be adhered to regarding waste products.
- No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care (the exception to this would be in a medical emergency if contacting 999).

### Intimate care procedure - changing clothing following an accident

1	Child escorted by familiar adult/ attuned adult to agreed changing space (reception adult toilet with screen/ infant locked toilet with screen if appropriate)
2	Adult will guide a child to remove their own clothes if appropriate or adult will wear gloves to assist in removing tights/ trousers etc narrating what is happening at all times.
3	Any soiled clothing will be put in a bag
4	The child will be guided to clean themselves and any wipes or tissues used added to the bag or the adult wears gloves and an apron to support this process if appropriate.  *If diarrhea is present, the parent/carer should be contacted immediately and the adult should support the child to make themselves comfortable whilst awaiting pick up OR see care plan in the case of medical condition
5	Child handed clean clothes over the toilet door and guided to put on clean dry clothes
6	Once fully dressed the child will be supported to wash their hands
7	The child is returned to classroom and adult then completes the intimate care record and disposes of nappy bag.
8	Parent/carer notified via phone call or Home/School Book

### Intimate care procedure - Nappy change

1	Child escorted by familiar adult/ attuned adult to agreed changing space (reception adult toilet with screen/ infant locked toilet with screen if appropriate)
2	Child will remain standing and adult will wear gloves and an apron to remove tights/ trousers etc and remove soiled nappy, narrating what is happening at all times.
3	The nappy will be put in a nappy bag
4	The child will be cleaned as appropriate and in line with their care plan and any wipes or tissues added to the nappy bag.  *If diarrhea is present, the parent/carer should be contacted immediately and the adult should support the child to make themselves comfortable whilst awaiting pick up OR see care plan in the case of medical condition
5	Put on new nappy followed by clean, dry clothes
6	Once fully dressed the child will be supported to wash their hands alongside the adult
7	The child is returned to classroom and the adult then completes the intimate care record and disposes of nappy bag.
8	Parent/carer notified via phone call or Home/School Book

### Intimate care procedures - further exemplification:

<b><u>Staff will always:</u></b>
follow individual care plans
wear gloves and an apron
wash hands following intimate care
notify 2 <sup>nd</sup> member of staff and ensure a 2 <sup>nd</sup> member of staff is in the vicinity
support the child in maintaining privacy and dignity
encourage independence
keep intimate care procedures as brief as possible to avoid missed learning time
narrate what is happening
notify parent/carer with any concerns egs soreness, redness
dispose of nappies / waste in line with school and LA policy and procedures
complete intimate record book

<b><u>Staff will never:</u></b>
check a child's intimate area if they report discomfort - a parent/carer will be notified immediately
clean up diarrhea <b>unless</b> a child has a medical condition and the school has evidence of this <b>or</b> if by not cleaning a child it would cause distress and discomfort to the child egs if a parent/carer is unable to collect promptly. This must be with parental consent <b>AND</b> agreed to by staff members.
lie a child down on the floor to change a nappy
look over toilet doors to check on a child without consent, narrating what they are doing at all times

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.

### Child Protection

- The Governors and staff at this school recognise that pupils with special needs and/ or who are disabled are particularly vulnerable to all types of abuse.
- The school's child protection procedures will be strictly adhered to.
- From a child protection perspective it is acknowledged that intimate care involves potential risks for children 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 practice.

- Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.
- If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Safeguarding Leads
- A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.
- If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to one of the Co- Headteachers. 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 is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to one of the Co-Headteachers.
- If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Co-Headteachers (or to the Chair of Governors if the concern is about one of the Co-Headteachers) who will consult the Local Authority Designated Officer (LADO) in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.
- Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to one of the Co-Headteachers or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

### Physiotherapy

- Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the EHCP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.
- Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
- Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

### Medical Procedures

- Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or EHCP and will only be carried out by staff who have been trained to do so.
- It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

#### Massage

- Massage may be used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.
- 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.
- Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.
- Care plans should include specific information for those supporting children with bespoke medical needs.

## 6. Monitoring arrangements

This policy will be reviewed by the Co-Headteachers every two years (although it will be revisited twice a year). At every review, the policy will be approved by The Senior Leadership Team.

## 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

## Caversham Primary School 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	

This plan will be reviewed twice a year

Next review date:

To be reviewed by:

## Caversham Primary School Parent/Carer consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carers	
Address	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, cleaning and toileting)	<input type="checkbox"/>
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)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>
<p>I <b>do not</b> give consent for my child to be given intimate care (e.g. to be cleaned 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 cleaned 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	
Relationship to child	
Date	