

Goodmayes Primary School



Intimate Care Policy

Version Control			
Date Implemented	November 2025	Next review date	Spring 2027
Supersedes	Spring 2023	Policy Owner	Governing Board

Summary of policy changes:

Version: Autumn 2025

The following updates have been applied:

No amendments have been made to this policy.

Intimate Care Policy

Policy statement

Goodmayes Primary School takes seriously its responsibility to safeguard and promote the welfare of the children in our care. Meeting a child's intimate care needs is one aspect of safeguarding.

We are committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner and treat pupils with both sensitivity and respect at all times. It is acknowledged that these adults are in a position of great trust.

Principles

The fundamental principles upon which this Policy and guidelines are based are that every child:

- Has the right to be safe
- Has the right to personal privacy
- Has the right to be valued as an individual
- Has the right to be treated with dignity and respect
- Has the right to be involved in their own intimate care to the best of their abilities
- Has the right to have levels of care that are appropriate and consistent

Aims

The 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 with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010
- To reassure parents/carers that staff are knowledgeable about intimate care and that the needs of their children are considered
- Staff carrying out intimate care work do so within guidelines (i.e. Health & Safety, manual handling. Safeguarding protocols awareness) that protect themselves and the pupils involved
- To promote and develop independence in each child

Definition of Intimate Care

Intimate care may be defined as any care which involves the touching, washing or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some children are unable to do because of their young age, physical difficulties or special needs and is associated with bodily functions and personal hygiene. Such procedures include care associated with continence, toileting, washing, dressing and medical assistance (e.g. testing blood glucose, administering insulin, support with catheter etc).

It is generally expected that most children will be toilet trained and out of nappies before they begin at school or nursery. However, we recognise that some pupils may be unable to meet their own care needs for a variety of reasons and will require regular support. Pupils who are developmentally delayed may need such support in the early stages of schooling.

We also recognise that from time to time some children will have accidents and will also require adult assistance for their personal and intimate care needs.

Definition of Personal Care

Personal care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of age, disability or medical need. Personal care may also involve touching another person, however the nature of this touching is less intimate and usually has the function of helping personal presentation. Such procedures include applying external medication to non-intimate areas (e.g. sun cream), feeding, administering oral medication, cleaning non-intimate body parts (e.g. first aid), dressing and undressing (e.g. coats, jumpers and footwear) and physical therapy.

Physical Therapy

Physiotherapy

Children may require physiotherapy at school. Ideally, physiotherapy should be carried out by a trained physiotherapist; however, if it is agreed within a child's Individual Health Care Plan (IHCP) that a member of school staff should undertake part of the regime (such as assisting with exercises), the required techniques must be demonstrated by the physiotherapist, with 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.

Massage

Massage is now commonly used with pupils 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, arms, 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.

Medical Procedures

Children with disabilities or complex medical conditions may require assistance with invasive or non-invasive medical procedures (e.g. administration of rectal medication, managing of catheters, Hickman Line, Feeding Tube, testing blood sugar and administration of insulin). These procedures will be outlined in a child's Individual Health Care Plan (IHCP) and will only be carried out by staff that have been trained to do so.

Responsibilities

School

- For every pupil that requires intimate care, consent will be given by the parent/carer and member of staff. Each time intimate care is provided it will be recorded on **Medical Tracker** and made available to parents/carers on request. Parents will receive a notification from Medical Tracker if their child has required intimate care.
- Will facilitate, and in partnership with the school nurse and parents/carers, complete an Individual Health Care Plan (IHCP) for pupils with complex and/or long-term health conditions which may involve regular/on-going intimate care (established IHCPs will be reviewed at least annually).
- Will ensure key school staff have received regular safeguarding training, familiarised themselves with the Intimate Care, Safeguarding and Child Protection Policy.
- Will consider the needs and wishes of parents/carers and children wherever possible, within the constraints of staffing and equal opportunities legislation.
- Will ensure, if necessary, that staff receive manual handling training that enables pupils to remain safe and for the pupil to have as much participation as is possible.

Parents/Carers

- For children who need routine or occasional intimate care (e.g. for toileting or toilet accidents), parents will be asked to give consent.
- Will advise and update the school of any known intimate care needs relating to their child.
- Will provide all appropriate equipment (nappies, wipes, changes of clothes etc.) to the school as necessary.

Our approach to best practice

- Only employees of the school will assist pupils with intimate care, not students or volunteers, and all are Enhanced DBS checked.
- The management of all children with intimate care needs will be carefully planned.
- Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them.
- All children will be supported to achieve the highest level of independence that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as possible.
- Staff who provide intimate care will be trained to do so and fully aware of best practice.
- Where children require physical support or comfort, staff should keep contact to a minimum; contact should be child initiated and be suitable to the child's age, gender and situation.
- When touching a child, staff should always be aware of the possibility of invading a child's privacy and respect the child's wishes and feelings.
- Staff who work with young children or children/young people who have special needs will realise that the issue of intimate care is a difficult one and will be respectful of children's needs.
- Staff should adapt their practice in relation to the needs of each individual child, considering developmental changes such as the onset of puberty and menstruation.
- Intimate care arrangements should be discussed with parents/carers on a regular basis and updated accordingly.
- The religious views and cultural values of families should be considered, particularly as they may affect certain practices or determine the gender of the carer.
- Health and 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.
- Staff will inform parents as a matter of course that their child had soiled themselves and has been cleaned/ changed.

Safeguarding and Child Protection

Governors and staff at our school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

Child Protection procedures will be adhered to at all times.

It is acknowledged that intimate care may involve risks for children and adults as it could involve staff touching private parts of a pupil's body. As a result, all adults will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practices. Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

It is highly recommended that **two members of staff** are present to assist with intimate procedures at all times.

Where ever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known, to the child who will take turns in providing care. This will ensure that over-

familiar relationship are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

For older children it is preferable if the member of staff is the same gender as the young person. However, this is not always possible in practice.

Certain intimate care or treatment procedures must only be carried out by nursing or medical staff. Other procedures, such as giving rectal Valium, suppositories, or intermittent catheterisation, must only be carried out by staff who have been formally trained and assessed as competent.

If a member of staff has any concerns about physical changes in a child's presentation (e.g. unexplained marks, bruises etc.), they will immediately report their concerns to the Designated Safeguarding Lead (DSL) in accordance with our Child Protection procedures.

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 Designated Safeguarding Lead and investigated at an appropriate level. Staffing schedules should be altered until the issue is resolved so that the child's needs remain paramount.

If a pupil, or any other person, makes an allegation against a member of staff this should be reported to the Headteacher (or Chair of Governors if the concern is about the Headteacher) and investigated in accordance with agreed procedures. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

Any adult who has concerns about the conduct of a colleague or about any improper practice should report this to the Headteacher (or Chair of Governors if the concern is about the Headteacher) for investigation in accordance with Child Protection procedures and Whistle-blowing Policy.

Nappy / Underwear Changing Procedure

Staff should encourage children to be as independent as possible throughout the procedure according to their individual condition and abilities.

- If a child needs to be cleaned / changed, this will be done by staff on 2:1 basis - to safeguard child and staff supporting
- Each child should have their own bag to hand with their nappies / pull-ups / pants, changing wipes / cream (if required), a towel and a change of clothes.
- Children who are soiled should be changed immediately.
- Staff should reassure the child and ensure the child is happy and comfortable with being changed by talking to them throughout and telling them what they are about to do before each step (try to make changing an enjoyable time).
- Staff should put on gloves and aprons before changing starts (a new set of gloves and apron should be used for each nappy change).
- Remove only the clothing required to access the nappy. Remove the nappy, place it inside the nappy sack and put it in the designated pedal operated bin.
- If the child's clothes are soiled, they should be bagged separately and sent home; staff should not attempt to wash or rinse clothes.
- Using the wipes, clean the child from front to back and place the used wipes in the nappy sack. Tie the nappy sack and put it in the designated pedal operated bin.
- Put on a clean nappy / pair of pants.
- Take off the gloves and apron and place them in a pedal operated bin.
- Help the child to wash their hands (if necessary) using liquid soap, warm water and paper towels / hand air dryer.

- Dress the child or encourage the child to dress themselves.
- Clean the changing mat with antibacterial spray.
- Staff to wash and dry their hands before leaving the changing area or handling another child.
- Staff to complete Medical Tracker, '**incident section**' for that child.

Please note that wherever the word 'nappy' has been used in this document, this also refers to pull-ups, pants and knickers.



Personal Care Plan

Pupil's Personal Details	
Full Name:	
Date of Birth:	Parent/Carer Name:
Address: _____ _____ _____	Contact Numbers: 1. _____ 2. _____ 3. _____

***I / We** give permission for school staff to provide intimate care to ***my / our** child. This may involve staff helping to clean and / or change ***my / our** child in the event of them wetting and /or soiling themselves.

***I / We** will advise the school of anything that may affect issues of personal care (e.g. if ***my / our** child has an infection or medication has been changed) and any known intimate care needs of ***my / our** child.

***I / We** understand the procedures that will be carried out and will contact the school immediately if there are any concerns.

***I / We** will provide all appropriate equipment (nappies, wipes, changes of clothes etc.) to the school as necessary.

Signature: _____ Print Name: _____

Relationship to child: _____ Date: _____