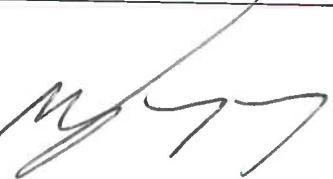


# INTIMATE CARE POLICY

Lakenheath Community Primary School



Version Number	6
Date of Policy	October 2025
Review Date	July 2026
Head Teacher's Signature	
Chair of Governors' Signature	

## Document Change History

Version	Date	Change Details
1	April 2019	N/A
2	July 2020	Policy review, further introduction added for Covid-19.
3	July 2022	Policy Review, various amendments made in red.
4	November 2023	Policy Review Appendix 2 added
5	November 2024	Content review – no changes.
6	October 2025	Addition of SEND Unit Section 11

## 1. Introduction

Intimate care is any care which involves washing, touching or carrying out a procedure to private parts of the body. It might include helping with washing (including private parts), toileting and dressing or continence care or menstrual management. Most pupils can do this for themselves but some can't because of their age, physical difficulties or special educational needs. Intimate care also includes supervision of pupils involved in intimate self-care, if this is needed.

In the current Covid-19 pandemic situations adults will assist verbally, encouraging children to clean themselves, if possible, in the first instance. If necessary parents/carers will be contacted to collect their child and once all cleaned they can return to class.

## 2. 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. The principles and procedures apply to everyone involved in the intimate care of children.

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

Intimate care may be defined as any activity that is required to meet the personal needs of an individual child 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.

Parents have a responsibility to advise the school of any known intimate care needs relating to their child and to keep us up to date of any changes. The school requires medical evidence and guidance for most cases.

## 3. 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.

## 4. School Responsibilities

All members of staff working with children are checked and vetted to ensure they are safe to do so. Only those members of staff who are familiar with the intimate care policy and all school safeguarding documentation are involved in the intimate care of children.

Anticipated intimate care arrangements which are required on a regular basis are agreed between the school and parents and, when appropriate and possible, by the child.

In such cases, consent forms are signed and stored in the child's file and a care plan is drawn up, this is reviewed regularly.

Intimate care arrangements for any pupil who requires this support on a regular basis will be reviewed at least every six months.

The views of all relevant parties should be sought and considered to inform future arrangements. Any amendments to the arrangements should be recorded and made available for all parties involved.

The religious views, beliefs and cultural values of pupils and their families will be taken into account, as well as gender identification and sexual orientation.

The school will provide aprons, gloves and handwashing soap if required for intimate care. Any waste will be disposed of in designated waste lidded bin.

Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by the parents. This act of intimate care would be reported to a member of staff and parents at the earliest possible time following the event.

## 5. Guidelines for Good Practice

All children have the right to be safe and to be treated with dignity and respect.

These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children.

Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

Members of staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to the Designated Safeguarding Person and follow the Whistleblowing Policy and Procedures. If a child makes an allegation against a member of staff, all necessary procedures will be followed.

### 5.1. Involve the child in the intimate care

Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and, where possible, give choices.

Check your practice by asking the child or parent about any preferences while carrying out the intimate care.

**5.2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.**  
Care should not be carried out by a member of staff working alone with a child.

**5.3. Make sure practice in intimate care is consistent.**

As a child may have multiple carers a consistent approach to care is essential.

Effective communication between all parties ensures that practice is consistent.

**5.4. Be aware of your own limitations**

Only carry out activities you understand and feel competent with. If in doubt, ask.

Some procedures must only be carried out by members of staff who have been formally trained and assessed.

**5.5. Promote positive self-esteem and body image.**

Confident, self-assured children who feel their bodies belong to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.

**5.6. If you have any concerns you must report them.**

If you observe any unusual markings, discolouration or swelling report it immediately to the Designated Teacher for Child Protection. If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the Designated Teacher. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents, must be logged on CPOMS and kept in the child's personal file.

**5.7. Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety measures at home.**

## **6. Working with Children of the Opposite Sex**

There is positive value in both male and female staff being involved with children.

Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a woman.

The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- when intimate care is being carried out, all children have the right to dignity and privacy, ie they should be appropriately covered, the door closed or screens/curtains put in place;
- if the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance;
- report any concerns to the Designated Teacher for Child Protection and make a written record on CPOMS;
- parents must be informed about any concerns.

## 7. Communication with Children

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods – words, signs, symbols, body movements, eye pointing, etc.

To ensure effective communication:

- make eye contact at the child's level;
- use simple language and repeat if necessary;
- wait for response;
- continue to explain to the child what is happening even if there is no response;
- treat the child as an individual with dignity and respect.

So that the child is aware of each procedure that is carried out and the reason for it.

## 8. Physiotherapy/Occupational Therapy (OT)

School staff may be asked to undertake a physiotherapy/OT regime (such as assisting children with exercise, moving and handling). School staff must only do this once the technique has been demonstrated by a physiotherapist/OT and written guidance has been provided. The physiotherapist/OT will observe the member of staff undertaking the exercises and with parental agreement. These will be recorded in the pupil's support plan and reviewed regularly. Any concerns about the regime or any failure in equipment will be reported to the physiotherapist/OT.

School staff will not devise and carry out their own exercises or physiotherapy/OT programmes.

## 9. Medical procedures

Pupils who are disabled might need help with medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers and documented in the pupil's individual healthcare plan. They will only be carried out by staff who have been fully trained.

## 10. Links to other Policies

This policy should be read in conjunction with:

- SEND Policy
- Health and Safety Policy
- Child Protection and Safeguarding Policy
- Single Equalities Policy
- Medical Conditions Policy
- PSHE and Citizenship Policy

## 11. *Specialist Provision Unit – Intimate Care*

All staff working in the Specialist Provision Unit have received training in supporting pupils with intimate care needs, including:

- Nappy changing
- Feeding
- Cleaning and personal hygiene

A record log is maintained in school for all nappy changes to ensure accurate monitoring and continuity of care.

Purpose:

- To ensure pupils' dignity, safety, and wellbeing
- To provide consistent, trained support for personal care needs
- To maintain clear records for safeguarding and health monitoring

## Appendix 1

### Procedures for changing a child wearing a nappy:

- One member of staff (Key Worker when possible) will change the child.
- The child will be changed on the changing table or on a mat on the floor.
- Staff will use aprons, gloves, blue roll paper, nappy sacks and baby wipes.
- Nappies will be disposed of in the hygienic nappy disposal bin.

### Procedures for changing a child who has wet/ soiled themselves:

- One member of staff will change the child (Key Worker when possible) or will assist them in changing themselves.
- The child will be changed in the toilet area or on the changing table.
- Staff will wear apron and gloves.
- Soiled/ wet clothes will be placed inside a bag with the bag handles tied.

### Procedures for prevention of infection:

- Staff will wear disposable gloves and aprons whilst changing.
- These items will be disposed of in the hygienic nappy disposal bin.
- The changing mat and area will be cleaned after use with antibacterial wipes.
- Hot water and hand wash is available to wash hands immediately after a child has been changed.
- Paper towels are available for drying hands.

## Appendix 2

### Intimate Care – Permission Form

<b>Pupil's Personal Details</b>	
<b>Full Name:</b>	
<b>Date of Birth:</b> / /	<b>Parent/Carer name:</b>
<b>Address:</b>	

I/We give permission for school to provide intimate care to my/our child.

I/We will advise the school of anything that may affect issues of personal care (if medication is changed or my child has an infection for example)

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

Signature:

Name:

Relationship to child:

Date: / /

