St Mary's Church of England Primary School

Learn. Grow. Achieve. Flourish.

Intimate Care Policy

POLICY: Intimate Care APPROVED BY: Full Governing Body/Headteacher APPROVED DATE: March 2026 REVIEW DATE: March 2027 This policy is non-statutory and will be reviewed annually or when required.

Our School Vision

St Mary's school vision is to embrace a Christian like way of living, learning and teaching.

As a Church of England primary school, we value and are ambitious for all children and are committed to providing a positive, happy, safe and stimulating environment for them to enjoy and excel in their learning; grow in confidence, resilience and independence; achieve their full potential and flourish as individuals.

'I Instruct you in the way of wisdom and lead you along straight paths' Proverbs 4:11

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1. Aims

This Intimate Care Policy sets out the principles, procedures, and expectations for the safe and respectful delivery of intimate care to children in Nursery and Primary School. The purpose of this policy is to:

- Protect children from harm, abuse, or neglect
- Protect staff from false allegations or unsafe working practices
- Ensure care is delivered consistently, transparently, and professionally
- Promote children's dignity, safety, independence, and wellbeing
- Ensure parents are fully informed and involved

This policy is essential in preventing misinterpretation, unsafe practice, or blurred boundaries. It sets out clear roles, responsibilities, and recording expectations.

This policy must be read alongside and complies with:

- **Keeping Children Safe in Education (KCSIE)**
- **Working Together to Safeguard Children**
- **EYFS Statutory Framework**
- **SEND Code of Practice**
- **Equality Act 2010**
- **Health & Safety at Work Act**
- **UK GDPR & Data Protection Act 2018**
- **School Child Protection & Safeguarding Policy**
- **School Staff Code of Conduct**
- **Whistleblowing Policy**
- **School Safer Working Practice guidance (SCC/Safer Recruitment Consortium aligned)**

2. Definition of Intimate Care

Intimate care refers to any personal care that involves direct or indirect contact with, or exposure of, private body areas. This includes:

- Nappy changing
- Assistance with toileting
- Changing soiled/wet clothing
- Cleaning after vomiting or illness
- Dressing/undressing
- Application of prescribed creams

- Menstrual hygiene
- Medical-related intimate care

Intimate care must always be carried out in a way that protects the child's dignity and the staff member's safety.

3. Core Principles of Good Practice

To safeguard both children and staff, the following principles must always be applied:

3.1 Dignity and Respect

- Children's dignity must be upheld at all times
- Explanations must be clear and age-appropriate
- Children should be covered as much as possible
- Doors must remain **ajar**, unless doing so compromises dignity

3.2 Never Work in Isolation

- Staff must *not* work alone during intimate care, a second member of staff should be close by and able to offer support as needed.
- Another staff member must be **in sight or immediately available**
- This protects children and staff from allegations or risk

3.3 Professional Language and Behaviour

- Staff must use calm, neutral, professional language
- No joking, banter, or comments that could be misinterpreted
- No personal devices or mobile phones in care areas
- Photographs are **strictly prohibited**

3.4 Inclusion and Equality

- Cultural and religious considerations must be respected
- Care must be adapted for SEND or medical needs
- No child should be discriminated against for continence or developmental delays

3.5 Transparency & Accountability

- All intimate care must be logged on CPOMS
- Any deviation from the usual routine must be documented
- Any concerns must be reported immediately to the DSL

4. Roles and Responsibilities

Safeguarding & Child Protection Training (mandatory)

All staff who support children with intimate care must have up-to-date safeguarding training, as required by Keeping Children Safe in Education. This must cover:

- Recognising and responding to abuse, neglect, injuries or concerning marks
- Understanding safer working practice
- How to report concerns to the DSL immediately
- Maintaining professional boundaries
- Information sharing and confidentiality (GDPR)

KCSIE states that ALL staff must understand their safeguarding responsibilities and how to report concerns.

4.1 Staff must:

- Deliver intimate care safely and professionally
- Carry out any intimate care procedures in the presence of a second member of staff.
- Follow care plans exactly
- Explain each step before beginning
- Report concerns immediately to the DSL
- Record **every** incident on CPOMS
- Never provide intimate care behind a locked door

4.2 Senior Leaders must:

- Ensure all staff are trained in safe working practice
- Oversee care plans
- Ensure appropriate staffing ratios
- Monitor compliance and review logs

4.3 Parents/Carers must:

- Provide spare clothing, wipes, nappies, etc.
- Inform school of any medical or toileting changes
- Provide written consent for creams, lotions or medication
- Understand staff cannot use home-provided creams without proper authorisation

5. Procedures for Delivering Intimate Care

5.1 Planned Intimate Care

Planned care is required for children with ongoing needs (SEND, medical, EYFS development, continence).

For every child requiring regular intimate care:

- An **Individual Intimate Care Plan (IICP)** must be completed
- Staff must follow the plan *exactly*
- Reviews must occur at least termly or sooner if needs change
- Male members of staff may be allocated to change female pupils or vice versa. The decision to allocate a member of staff of a different gender to the pupil will be discussed with the parents /carers and pupil, if appropriate.

Any deviation from the care plan must be:

- Explained on CPOMS
- Reported to the SENCo and DSL

5.2 Unplanned or Emergency Intimate Care

This includes unplanned soiling, wetting, sickness, or urgent hygiene needs.

Staff must:

1. Reassure and explain to the child
2. Encourage maximum independence
3. Another staff member must be **in sight or immediately available**
4. Provide support calmly, professionally, and efficiently
5. Bag and return soiled items
6. Inform parents if:
    - Child is distressed
    - It is part of a pattern
    - Staff have any concerns

Again, **ALL incidents must be recorded on CPOMS.**

6. Enhanced Safeguarding Requirements

Staff MUST report immediately to the DSL if a child:

- Becomes unusually distressed or fearful
- Makes a comment of concern
- Shows behavioural changes

- Has marks, bruises, injuries, or rashes that are unexplained
- Has repeated soiling/wetting without known reason
- Refuses intimate care from certain staff

Staff MUST NOT:

- Provide intimate care without required training
- Use their own supplies (wipes, creams, nappies)
- Add personal opinions to CPOMS
- Work behind a locked door
- Work in isolation

These rules protect both children and staff.

7. Staff Protection Measures

To protect staff from allegations:

- Staff must work in pairs
- Staff must follow the IICP without alteration
- Agency or temporary staff must *not* deliver intimate care unless:
    - authorised by SLT
    - fully DBS-checked
    - directly trained in school procedures
    - supported by another trained member of staff
- CPOMS logs must list the names of all adults present

8. Hygiene and Health & Safety

Staff must always:

- Wear gloves
- Clean changing areas after use
- Wash hands (child and adult)
- Dispose of waste appropriately
- Ensure the environment is safe and hazard-free

Solid infection control ensures safety and prevents cross-contamination.

9. Recording on CPOMS

A CPOMS entry must always be made, no exceptions.

It must include:

- Date and time
- Names of all staff present
- Reason for intimate care
- Description of care provided
- Child's presentation (emotions/behaviour)
- Any marks or injuries (pure factual description)

Failure to record may be treated as a safeguarding concern.

10. Promoting Independence

Children should be supported to:

- Use the toilet independently where developmentally appropriate
- Manage clothing and handwashing
- Develop self-care confidence

Staff must use sensitive prompts, praise, and consistent routines.

11. Additional Provision: Toilet Training and Soiling Monitoring

Where pupils start school without having been toilet-trained, staff will work collaboratively with the pupil's parents/carers to agree an appropriate and sensitive care plan.

The school will record the number of soiling incidents occurring in school and will liaise regularly with the pupil's parents/carers to discuss:

- Outcomes of relevant medical appointments attended by the child

- Any changes in the pattern of soiling incidents, whether at home or at school

- Whether the current care plan is effective or requires adjustment

This approach ensures safeguarding, consistency, and supports continence development.

12. Risk assessment of the environment and equipment

The use of a raised changing table must be risk assessed to ensure the safety, dignity, and wellbeing of both the child and staff. A raised surface can increase the risk of falls, manual-handling injuries, and unsafe working positions; therefore, staff must follow the guidance below:

12.1. Individual Risk Assessment

- A risk assessment must be completed for any child who requires changing on a raised table.
- The assessment should consider:
    - The child's mobility, size, and ability to remain safely on the surface.
    - Any known medical or behavioural needs that may increase risk.
    - The need for additional support or the presence of two members of staff.

12.2. Environmental & Equipment Checks

- Staff must ensure the raised changing table is:
    - Stable, secure, and in good working condition.
    - At an appropriate height to minimise bending or overstretching.
    - Positioned away from hazards, with clear access around the area.
- Safety straps (if installed) must be checked regularly and used in line with manufacturer guidance.

12.3. Safe Staff Practice

- Staff must never leave a child unattended on a raised surface at any time.
- All required equipment (gloves, wipes, nappies, bags) should be prepared and within arm's reach before lifting the child onto the table.
- Staff must use correct manual-handling techniques to lift the child on and off the table, seeking support when needed.
- Where a child is heavy, unpredictable, or difficult to lift, an alternative changing method (e.g., floor-level mat) must be considered.

12.4. Ongoing Review

- Risk assessments must be reviewed:
    - At least annually.
    - Following any incident or near miss.
    - If the child's needs change.
    - If equipment is replaced or moved.
- Any concerns about the safety or suitability of the raised changing table must be reported immediately.

13. Supporting a Child Who Is Distressed During Intimate Care

Some children may find the experience of being changed upsetting, overwhelming, or intrusive. Staff must take a sensitive, child-centred approach to reduce distress, protect dignity, and ensure the child feels safe and supported.

13.1. Recognising Signs of Distress

Staff should be alert to verbal and non-verbal indicators that a child is uncomfortable, including:

- Crying, shouting, or verbal refusal.

- Physical resistance, stiffening, or pulling away.
- Increased anxiety, agitation, or withdrawal.
- Attempts to communicate fear or discomfort through gesture, expression, or behaviour.

13.2. Preparing the Child

Before beginning intimate care, staff should:

- Use clear, simple language to explain what will happen.
- Give the child time to process information and respond.
- Offer reassurance and check the child is ready before proceeding.
- Use visual prompts, objects of reference, or social stories if these support understanding.

13.3. Creating a Calm and Safe Environment

- Speak in a calm, warm, and non-rushed manner.
- Reduce noise, distractions, and unnecessary staff presence.
- Allow the child to bring a comfort item if it helps them feel secure.
- Where appropriate, allow familiar staff to carry out the care.

13.4. Offering Choice and Control

Where possible, staff should provide the child with choices to help them feel more in control, such as:

- "Would you like to climb up yourself or would you like me to help you?"
- "Do you want the blue wipes or the white ones?"
- "Shall we count to three before we start?"
- Providing opportunities for the child to help with small tasks (e.g., holding their clean clothing).
- With non-verbal children, reduce language, use a calm voice when speaking and where appropriate support through the use of visuals.

13.5. Responding to Ongoing Distress

If a child becomes increasingly upset:

- Pause the process and reassure the child.
- Acknowledge their feelings (e.g., "I can see this is making you feel worried").
- Allow time for regulation—breathing breaks, sensory support, or grounding techniques.
- If distress continues, seek assistance from a familiar adult or another trained staff member.
- Never restrain a child unless it is necessary to prevent immediate harm, and only in line with agreed behaviour support plans.

13.6. Working With Parents and Carers

- Share concerns sensitively and proportionately, ensuring the child's dignity is maintained.
- Gather information about what helps the child feel comfortable at home.

- Agree on consistent strategies and routines that support emotional regulation and predictability.

13.7. Individual Support Planning

If a child regularly experiences distress during intimate care:

- An individual intimate care plan should be developed.
- Advice from SENCO, health professionals, or occupational therapy may be sought.
- Strategies should focus on sensory needs, communication support, consistency, and reducing triggers.
- The plan should be reviewed regularly and adjusted as needed.

13.8. Recording and Reporting

- Significant incidents of distress, refusal, or unexpected behavioural changes must be recorded in line with school procedures.
- Any patterns or safeguarding concerns must be escalated promptly.

14. Management of Menstrual Care

All staff will be sensitive to the fact that:

- Girls at our school may start to menstruate.

- While there is no shame or stigma attached to this, pupils may wish to manage this discreetly.

The school will offer sensitive and practical information to pupils about:

- Where sanitary products are kept.

- How to use and dispose of them correctly.

Period products available to pupils can be found in the Medical Room and are also stored safely by teachers in the Year 6 classrooms. Products available include sanitary towels, tampons, and wipes.

Staff will not directly assist with the physical act of changing sanitary products unless specifically requested by the child and agreed with parents/carers in an individual care plan due to specific needs.

Age-appropriate education on puberty and menstrual hygiene will be provided as part of the PSHE curriculum.

15. Parent/Carer Partnership

The school will:

- Keep parents informed
- Share concerns promptly
- Collaboratively review care plans
- Support continence development

Parents must ensure the school receives updated information.

16. Review of Policy

This policy will be reviewed:

- **Annually**, or
- **Immediately** if statutory guidance changes, or
- Following a safeguarding incident relating to intimate care

Appendix A:

Toileting / Continence Care Plan

Pupil Details:

Name:

Date of Birth:

Class / Year:

Teacher & linked support staff:

SEN Status:

Relevant Medical Needs:

Plan Start Date:

Review Date:

1. Reason for Toileting/Continence Support (tick all that apply):

☐ Toileting delay

☐ Toilet training required

☐ Frequent accidents / soiling

☐ Constipation or medical issue

☐ SEND-related need

☐ Anxiety or toileting avoidance

☐ Physical/medical need

☐ Other:

2. Current Toileting Abilities:

☐ Communicates need

☐ Recognises toileting cues

☐ Sits on toilet independently

☐ Flushes toilet

☐ Wipes independently

☐ Washes hands independently

☐ Manages clothing

Other:

3. Planned Toileting Routine:

☐ Timed toileting schedule

☐ Regular reminders

☐ Toileting before transitions

☐ Support with wiping/cleaning

☐ Support with clothing

☐ Visual supports

☐ Rewards/encouragement

☐ Monitor fluid intake (if advised)

Notes:

4. Equipment & Resources:

☐ Spare clothing

☐ Bags for soiled clothing

☐ Nappies/pull-ups

☐ Wipes

☐ Gloves / PPE

☐ Continence pads/aids

☐ Toilet seat insert

☐ Step stool

☐ Creams/ointments (with form)

☐ Other equipment:

Provided by: ☐ School ☐ Parent

5. Location of Support:

☐ Nursery changing area

☐ Disabled toilet

☐ Classroom toilet

☐ Medical Room

☐ Other:

6. Step-by-Step Support:

☐ Explain what will happen

☐ Encourage independence

☐ Provide support as needed

☐ Maintain dignity

☐ Keep door ajar unless privacy required

☐ Dispose of waste properly

☐ Clean area/equipment

☐ Support handwashing

☐ Return soiled clothes to parents

7. Monitoring & Recording:

☐ All accidents logged on CPOMS

☐ Pattern of soiling monitored

☐ Parents informed

☐ Medical updates shared

☐ Review plan if patterns change

8. Safeguarding & Safe Working Practice:

☐ Staff never work alone

☐ Another adult nearby/visible

☐ Use PPE

☐ Report marks/disclosures to DSL

☐ Record all incidents on CPOMS

☐ Professional language only

☐ Follow plan exactly

9. Parent/Carer Agreement:

☐ I agree with this plan

Parent Name / Signature / Date

_____

10. Staff Agreement:

☐ I agree to follow this plan

Staff Name / Signature / Date

_____

11. SENCo / DSL Approval:

Name / Signature / Date

_____

12. Review Record:

Review Date / Changes / Staff Initials / Parent Initials / Next Review

_____