SIR FRANCIS HILL
PRIMARY SCHOOL

Bristol Drive

Lincoln

LN6 7UE

Intimate Care Policy

September 2026

This policy aims to give all members of the school community clear guidance with regard to the rationale, principles, strategies and expectations of providing intimate care to our pupils, protecting their rights and dignity, and safeguarding them from any form of harm, abuse or neglect.

Policy Owner	DSL/ SENDCOs / EYFS Lead
Governing Body Committee	Curriculum & Standards
Date Approved by Governors	September 2026
Next Review Date	September 2028

Updates to the policy:

Date	Changes
23.01.2025 15/9/26	Page 5 - Addition of guidance for Agency / Supply Staff Page 11 - Appendix 6 added Page 2 Relevant legislation added Page 7 Safeguarding concerns section added Page 3 Consent and child voice section added Equality and Inclusion Page 4 Emergency medications added Wording changed from prescriptions to link to medicines in school policy. Page 5 Updates to hygiene section Page 6 Recording section added Repeated intimate care section added Corrections over document to typing errors ie soling to soiling.

Intimate Care Policy

This policy represents the agreed principles for intimate care throughout the school. This policy has been agreed by all staff and governors within the school.

Definition

Intimate care may be defined as any activity required to meet the personal care needs of each individual child Intimate care can include:

- Supporting a pupil with dressing/undressing when they cannot do this themselves
- Providing comfort or support for a distressed pupil
- Assisting a pupil requiring medical care
- Cleaning a pupil who has soiled him/herself, has vomited or feels unwell
- Dressing/undressing
- Toileting / Toilet training
- Treatments such as care of stoma bags, feeding tubes etc.
- Menstruation
- First Aid

Purpose

The purpose of this policy is:

- To safeguard the rights and promote the best interests of all the children in our care
- To ensure children are treated with sensitivity, respect and in such a way that their experience of intimate care is a positive one
- To safeguard adults required to operate in sensitive situations
- To raise awareness and provide a clear procedure for intimate care
- To inform parents/carers in how intimate care is administered
- To ensure parents/carers are consulted in the intimate care of their children

Relevant Legislation and Guidance

This policy should be read alongside:

- Keeping Children Safe in Education (current version)
- Working Together to Safeguard Children
- Equality Act 2010
- Children and Families Act 2014
- SEND Code of Practice
- Supporting Pupils with Medical Conditions at School

- EYFS Statutory Framework
- Health and Safety at Work Act 1974
- Data Protection Act 2018 and UK GDPR
- School Behaviour Policy
- Child Protection and Safeguarding Policy
- First Aid Policy
- Administration of Medicines Policy

Our approach to best practice

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are safeguarding trained and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist / occupational therapist as required.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves.

Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible, one child will be catered for by one adult, but a second adult should be made aware that intimate care is taking place.

Wherever possible the same child will not be cared for by the same adult on a long-term basis. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

Intimate care arrangements will be discussed with parents/carers and recorded in a care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staff and equal opportunities legislation.

Introduction

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Equality and Inclusion

The school recognises that some pupils with SEND, disabilities or medical needs may require long-term intimate care support.

No pupil will be excluded from educational opportunities due to continence, toileting or personal care needs. Reasonable adjustments will be made in accordance with the Equality Act 2010.

Supporting dressing/undressing

Sometimes it will be necessary for staff to aid a child in getting dressed or undressed particularly in Early Years. Staff will always encourage children to attempt undressing and dressing independently.

Providing comfort or support

Children may seek physical comfort from staff (particularly children in Early Years or children in distress). Where children require physical support, staff need to be aware that physical contact must be kept to a minimum and be child initiated. When comforting a child or giving reassurance, the member of staff's hands should always be seen. If physical contact is deemed to be appropriate, staff must provide care which is suitable to the age, developmental stage, individual needs and preferences of the child.

If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable.

Consent and Child Voice
Whenever appropriate:

- children should be informed before intimate care takes place
- staff should explain what is happening
- permission should be sought from the child in an age-appropriate manner
- a child's views, preferences and feelings should be respected

Where a child refuses intimate care, staff should seek alternative approaches wherever possible whilst maintaining safety, dignity and wellbeing.

Medical procedures / First Aid
First Aid will only be administered by a trained first aider and any treatment/care given will be recorded and shared with parents / carers (either by phone if necessary, or in person at the end of the day). It may also be placed in the school main accident record especially if a child has left the school to visit a doctor or hospital to receive first aid. The main school Accident Book is kept centrally in school main office.

If it is necessary for a child to receive medicine during the school day parents must fill out a permission form from the school office and discuss their child's needs with the class teacher before the school agrees to administer medicines or medical care. Prescription medicines and agreed non-prescription medicines may be administered in line with the school's Administration of Medicines Policy.
If a member of staff is not comfortable with administering the medication, clarification must be sought from a member of Senior Leadership. It must be made clear to parents that staff administration of medicines is voluntary.

Any member of staff giving medicine to a pupil should check:

- The pupil's name
- Written instructions provided by parents or doctor
- Prescribed dose
- Expiry date

Particular attention should be paid to the safe storage, handling and disposal of medicines.

The Headteacher has prime responsibility for the safe management of medicines kept at school. This duty derives from the Control of Substances Hazardous to Health Regulations 2002 (COSHH). Medicines should generally be kept in a secure place, not accessible to pupils but arrangements must be in place to ensure that any medication that a pupil might need in an emergency is readily available. (for example, EpiPens and Epilepsy medication)

In the event of intimate care being given for medical conditions such as care of Stoma bags, feeding tubes etc, this will only be administered by staff who have received full and up to date training.

Emergency Medication
Where a child has an Individual Healthcare Plan, staff will follow the plan regarding:

- asthma inhalers
- adrenaline auto-injectors
- epilepsy rescue medication
- diabetes management
- other emergency medication

Appropriately trained staff may administer emergency medication where necessary to protect life and health.

Soiling / Wetting in Key Stage 1 and 2
Intimate care for soiling and wetting in Key Stage 1 and 2 should only be given to a child after the parents have given permission for staff to clean and change the child. Parents / care of children beyond Early Years that require regularly help from an adult changing will be asked to sign a permission form so that the staff can clean and change their child in the event of the child soiling themselves (Appendix 1). In most cases staff will just support the children to change without physical contact. If the parents/carers or emergency contact wishes to attend and is able to come within a few minutes, the child is comforted and kept away from the

other children to preserve dignity until the parent arrives. A child will not be left on his/her own whilst waiting for a parent to arrive, an adult will stay with him/her, giving comfort and reassurance.

The child will be dressed at all times and never left partially clothed. If a parent/carer or emergency contact cannot be contacted or cannot attend, the Head Teacher or Designated Safeguarding Lead will be consulted. If necessary, staff will act appropriately and may need to come into some level of physical contact in order to aid the child. All incidents of intimate care provision will be recorded, and parents informed (Appendix 2).

If a child requires changing having soiled or wet themselves, or vomited, staff should always be aware of the possibility of invading a child's privacy and will respect the child's wishes and feelings. If a child needs to be cleaned, staff will ensure that:

- If staff feel it is needed a second member of staff is present or in the vicinity (with the exception of children who have an EHC Plan)
- Protective gloves are worn
- The procedure is discussed in a friendly and reassuring way with the child throughout the process
- The child is encouraged to care for him/herself as far as possible
- Physical contact is kept to the minimum possible to carry out the necessary cleaning
- Privacy is given appropriate to the child's age and the situation
- All spills of vomit, blood or excrement are wiped up and flushed down the toilet or placed in a bin with a lid
- Any soiling that can be, is flushed down the toilet
- Soiled clothing is put in a plastic bag, unwashed, and sent home with the child
- Parents are informed (either by phone or at the end of the day), that their child has been changed and the reason for this.

Intimate Care in Early Years
We recognise in Early Years younger children may require more regular support with toileting and staff will support children in line with this policy. Where possible staff with support without physical contact but if regular intimate care is required e.g. nappy changing, soiling of underwear or changing of clothing staff will complete a 'Personal Care Plan for Intimate Care and Toilet' in consultation and agreement of parents / carers (Appendix 3). This will also be signed by the parents / carers. Staff will inform parents/carers of toileting accidents via message or speaking to them at collection time.

Toilet Training in Early Years
A discussion will be had between home and school to work together to support a child to become fully toilet trained. Training will be a collaborative approach between home and school and staff will support the needs of the children and parents/carers to achieve this.

Menstruation
Girls who are in the early stages of puberty may need support from a female member of staff. Where such assistance is required, girls will be provided with sanitary towels and treated sensitively.

Hygiene
All staff must be familiar with normal precautions for avoiding infection, must follow basic hygiene procedures and have access to protective, disposable gloves. They must ensure that they use anti-bacterial hand wash afterwards to avoid the spread of germs.

- disposable gloves and aprons should be worn where appropriate
- hand washing should take place before and after intimate care
- contaminated materials should be disposed of safely
- bodily fluid spillages should be cleaned using approved school procedures
- risk of cross-contamination must be minimised

Suncream Application
We understand the significance of safeguarding against sun exposure. Parents/carers will be encouraged to ensure their child arrives at school with sunscreen already applied. If reapplication becomes necessary during the day, children will be supervised in a manner appropriate for their individual needs or age. School staff will

refrain from applying sunscreen to a child unless it is explicitly stated in their individual care plan and with the written consent of parents/carers.

Support for Parents / Carers and Other Services
Should any parents and carers ask the school for support with the toileting needs of their child the school would firstly refer the parents / carers to their child's GP or Health Visitor. If further support is needed staff would make contact with the consent of parents / carers to the CYPN (Children and Young People's Nursing Team).

Recording
All intimate care incidents should be:

- recorded promptly
- stored securely
- shared with parents/carers where appropriate
- logged on CPOMS where required

The DSL may review records where patterns emerge.

Repeated Intimate Care Incidents
Where a child requires frequent intimate care, the school will:

- discuss concerns with parents/carers
- consider medical advice
- consider SEND assessment where appropriate
- review whether an Individual Intimate Care Plan is required

Protection for Staff
Members of staff need to have regard to the danger of allegations being made against them and take precautions to avoid this risk. These should include:

- Gaining a verbal agreement from another member of staff that the action being taken is necessary
- Allow the child, wherever possible, to express a preference to choose his/her carer and encourage them to say if they find a carer to be unacceptable
- Allow the child a choice in the sequence of care
- Be aware of and responsive to the child's reactions

If a member of staff has concerns about another member of staff's care for a child, they should immediately report this to the Designated Safeguarding Lead and follow procedures in the school's Whistleblowing Policy.

Agency / Supply Staff
The intimate care of children within our school setting should be undertaken by staff who are directly employed by the school. In instances where a child, or a group of children, is under the supervision of a supply member of staff and requires intimate care, this responsibility must be fulfilled by a member of the school staff. Alternatively, intimate care can be performed on a 1:2 basis, involving both a supply staff member and a school staff member. In this instance the supply staff or school staff member can carry out the intimate care depending on who has the best relationship with the child, but the other person must be in the room at all times.

In cases where a member of supply staff has been with the school and working with a child long-term, if the adult is familiar to the child and has provided support for a sufficient duration, and where school staff are assured of the positive relationship between the child and the adult, then it may be permissible to allow 1:1 intimate care. Such arrangements must involve the agreement of the supply member of staff, senior leadership, and continue to align with the intimate care policies and plans agreed with the child's parents.

A written log of all intimate care provided must be maintained as per the recording systems already in place in school.

Safeguarding Children
There is an obligation on schools to ensure that staff who have substantial, unsupervised access to children undergo police checks.

- All staff at Sir Francis Hill Primary School have up to date DBS checks and if continuity in care means that this is not immediately possible, a Risk Assessment will be made, and the staff will not provide changing without supervision
- It is not appropriate for students (teaching or work experience) or volunteers to carry out intimate care procedures

Safeguarding Concerns

- Staff must immediately report any concerns arising during intimate care, including:
- unexplained bruising
- marks
- soreness
- injuries
- disclosures made by the child
- concerning changes in behaviour
- signs of neglect
- Such concerns must be recorded and reported to the Designated Safeguarding Lead in accordance with the school's Child Protection Policy.
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This Policy will be reviewed every 2 years or earlier if necessary.

Last reviewed: January 2026
Next review: September 2026
Updated:

Appendix 1

Permission form for Intimate Care Provision (Key Stage 1 or 2)

Should your child have an accident (soil or wet themselves) in school and require changing, we are willing, with your permission to clean and change your child as required. We will follow the procedures outlined in our "Intimate Care Policy". This role will always be undertaken by a member of staff (teacher or teaching assistant) and you will be informed that an incident has taken place.

In such an event please indicate below how you would like us to proceed.

- In the event of my child having an accident in school and needing to be cleaned and changed, I give permission for a member of staff (teacher or classroom assistant) to clean and change him / her.

  Child's Name _____

  Class _____

  Year Group _____

  Parent / Guardian Name _____

  Parent / Guardian Signed _____

  Date _____

OR

- In the event of my child having an accident in school and needing to be cleaned, I would like to be contacted so that I can proceed to school.

  I accept that if you are unable to contact myself or someone on the emergency contact list, you will proceed to clean and change him / her as based on the procedures outlined in the "Intimate Care Policy"

  Child's Name _____

  Class _____

  Year Group _____

  Parent / Guardian Name _____

  Parent / Guardian Signed _____

  Date _____

Appendix 2

Record of Intimate Care Provision

Name of Child _____ Class _____

Date	Location	Reason for care	Care provided	Child response	Second adult informed	Parent informed	Staff signature

Appendix 3

Sir Francis Hill Primary School - Personal Care Plan (Intimate Care and Toileting)

Child's Name:	Date of Birth:	Year / Class:	Class Teacher:	Date of Plan:	Proposed Date of Review:

Medical Condition/s:	Facilities and Equipment: *(Clarify responsibility for provision of supplies e.g. parents/carers / school / other)*	Staffing: *(Name / days and time available to support / back up)*

Details of Assistance Required (including moving and handling needs, communication needs, level of independence, dignity preferences):

Staff Training Needs:	Plan written by (Staff): Name: Role: Date: Signature:	Plan agreed by (Parent / Carer): Name: Relationship to child: Date: Signature: Emergency contact number-

Appendix 5

Intimate Care in Early Years Guide

Guidance for staff and discussion / agreement with parents / carers
**Staff relates to school employed staff only not volunteers or students working in the school.*

Toilet Training

- Staff to discuss and agree with parents / carers to support toilet training their child at home. This can not be the sole responsibility of school staff.
- Whilst toilet training if necessary if a child walks to nursery and parents / carer feel their child need to wear a nappy for the journey to school. Parents / carer will be asked to ensure their child is changed and in a clean nappy before starting the school day.
- Parents / carers to be encouraged for their child to wear pants on top of their nappy so staff can support toilet training.
- To support toilet training staff will help the child to get into the bathroom and settled into a cubicle. Once there staff will encourage a child to pull down their own clothing and sit on the toilet to try to go to the toilet. Nappies will be removed and disposed of.
- Adults will take / ask the child to go the toilet regularly throughout the session / day.

Wetting Accidents

- Staff will help the child to get into the bathroom and settled into a cubicle. Once there staff will encourage a child to pull down their own clothing and sit on the toilet to try to go to the toilet.
- Children who have wet accidents will be encouraged to remove shoes, socks and wet clothes themselves and to put them into a plastic bag.
- Staff use a change of clothes from the child's bag or from spare school clothing if no clothes are provided.
- Staff may encourage the child to clean their legs and bottom with a wet wipe.
- Where possible the staff will encourage the child to dress themselves by explaining and modelling.
- The child's soiled clothes will be tied in a plastic bag and put on child's peg / into their bag and contact will be made to ensure parents / carer know soiled clothing will be sent home.

Soiling Accidents

- Staff will help the child to get into the bathroom and settled into a cubicle. Staff will wear rubber gloves and support child to pull down clothing and sit on the toilet to finish their toileting.
- Staff to clean the child's bottom using toilet paper and wipes if necessary (placing wipes in a nappy bag).
- Solid faeces will be tipped into the toilet and pants put in a nappy bag, heavily soiled pants will be put straight into a nappy bag.
- Staff use a change of clothes from the child's bag or from spare school clothing if no clothes are provided.
- Staff may encourage the child to clean their legs and bottom with a wet wipe.
- Where possible the staff will encourage the child to dress themselves by explaining and modelling.
- The child's soiled clothes will be tied in a plastic bag and put on child's peg / into their bag and contact will be made to ensure parents / carer know soiled clothing will be sent home.

Nappies

- Staff will wear rubber gloves, collect the child's bag or clothes and take the child to the designated area for nappy changing.
- Staff to clean the child's bottom using wipes provided by the parents / carers (placing wipes in a nappy bag).
- Staff to put the nappy on the child and support the child to change clothes if necessary.
- Where possible the staff will encourage the child to dress themselves by explaining and modelling.
- The child's soiled clothes will be tied in a plastic bag and put on child's peg / into their bag.
- If toilet training the children to be moved to the toilets and settled into a cubicle to sit on the toilet, nappy put back on once finished.
- Soiled nappies to be disposed of.