



The Blue Sky Federation

The Best You Can Be – Everyone, Every Day

*Friendship, Respect, Self-belief, Cooperation,
Challenge and Responsibility*

INTIMATE CARE POLICY

Approved: February 2026

Review: February 2027

Contents

1. Aims	2
2. Legislation and statutory guidance	2
3. Role of parents	2
4. Role of staff	3
5. Intimate care procedures	3
6. Monitoring arrangements	4
7. Links with other policies	4
Appendix 1: template Permission for school to provide intimate care	Error! Bookmark not defined.
Appendix 2: template Record of Intimate Care Intervention	7

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 with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010
- Parents 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 which 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

3.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents will be asked to sign a consent form.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents (see section 3.2 below).

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents 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 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, the child (when possible) and any relevant health professionals.

The school will work with parents 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 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 as needed to ensure a consistent approach. It will expect parents to also share relevant information regarding any intimate matters as needed.

4. Role of staff

4.1 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description. This includes LSAs, Welfare Assistant and Pastoral Staff.

No other staff members can be required to provide intimate care.

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 is 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, including those related to COVID-19

They will also be encouraged to seek further advice as needed.

5. Intimate care procedures

5.1 How procedures will happen

It is best practice from a health and safety and safeguarding perspective to have 2 trained members of staff present. If it is not possible, a nominated member of staff should accompany the child and trained staff member but may not physically assist.

Procedures will be carried out in the disabled toilet.

Procedures will be carried out in a COVID-safe way according to the school's risk assessment and COVID-19 protocol. Records of any times when intimate care have been addressed by staff will be recorded dated and signed.

When carrying out procedures, the school will provide staff with:

Staff members will have access to:

- PPE (face mask, gloves and an apron) for use during intimate care
- Nappy/soiled underwear changing is undertaken in the appointed disabled toilet on the changing mat.
- Parents/carers are informed of all nappy changes/soiling accidents.
- A new set of gloves, apron and mask to be worn for every nappy/soiled underwear changing.
- The changing mat must be cleaned using anti-bacterial cleaner prior to any changing.

- Child to be placed on a mat during a nappy/underwear change.
- Soiled nappies to be placed in double polythene waste disposal bags which can be securely sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste (located in the disabled toilets). Staff should be aware of the school's Health and Safety Policy.
- Any soiled clothes to be sent home in separate double polythene waste disposal bags.
- All cleaning wipes to be placed in double polythene waste bags for disposal.
- Before dressing the child, dispose of all personal protective equipment in a double polythene waste disposal bag in the appropriate bin.
- Both staff member and the child must wash their hands thoroughly before returning to class.
- Changing area/mat should be thoroughly cleaned using anti-bacterial spray and cleaning cloths. For pupils needing routine intimate care, the school expects parents 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 at the end of the day.

5.2 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

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 the Headteacher, Deputy Headteacher or a member of the Senior Leadership Team.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

6. Monitoring arrangements

This policy will be reviewed by the Headteacher annually. At every review, the policy will be approved by the Full Governing Body.

7. Links with other policies

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- Health and safety
- SEN
- Supporting pupils with medical conditions

Permission for school to provide intimate care

Child's Full Name	
Male/ Female	
Date of Birth	
Parent/ Carer's Full Name	
Address	

I understand that;

I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting.

I will advise the headteacher of any medical complaint my child may have which affects issues of intimate care

Signed _____

Full Name _____

Relationship to Child _____

Date _____

