POLICY DOCUMENT

Intimate Care Policy

Princess May Primary School's approach to intimate care — 2026–2027

Governing Body Representative (GBR)	Kristofer McGhee (Chair of Governors)
Signed by (GBR)	
Date approved	4 September 2026
Next review due by	September 2027
Related policies	Safeguarding and Child Protection Policy; SEND Policy and SEND Information Report; Health and Safety Policy; Behaviour Policy
Aligned to	The DfE's statutory guidance Keeping Children Safe in Education 2026 (in force from 1 September 2026); the Equality Act 2010; and the DfE's guidance on the education, health and care needs assessment process

1. 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 wherever possible.

Princess May Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. The school recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

2. Procedures

2.1 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.

2.2 Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in lifting and moving) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from a physiotherapist/occupational therapist as required.

2.3 Staff will be supported to adapt their practice in relation to the needs of individual children, taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible, staff who are involved in the intimate care of children will not usually be involved with the delivery of sex education to those children, as an additional safeguard to both staff and children.

2.4 The child will be supported to achieve the highest level of autonomy possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can, which may include giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit their circumstances (see Appendix 2). Parental permission will also be sought prior to intimate care being carried out (see Appendix 1).

2.5 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 cared for by one adult unless there is a sound reason for having more adults present; if this is the case, the reasons should be clearly documented and reviewed if staff are unable to carry this out.

2.6 The child will be cared for by a familiar adult in the class team. The responsibility for intimate care will not rest on a single person but 2–3 people, known to the child. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while guarding against the care being carried out by a succession of completely different carers.

2.7 Intimate care arrangements will be discussed with parents/carers on a regular basis. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

2.8 A child's intimate care needs should be met by the first available member of staff known to the child, providing it is safe to do so. It is not appropriate to wait for the child's 1:1 adult to change them, providing there is a known and familiar adult on hand to do so.

Toileting incidents

2.9 In the event of a toileting accident (e.g. soiling or urination), the office will be informed immediately. The office will locate suitable clean clothing (where required) and provide this to the child, who will be taken to the nearest toilet. A first-aid trained adult will then remain outside the toilet (ensuring no other

pupils enter) until the child is changed and in suitable clothing, and will then return the child to the classroom.

2.10 If the pupil requires support with changing, staff must follow the protective measures outlined in section 5 (Health and Safety) of this policy — wearing gloves and aprons, disposing of waste in the designated hygiene bin, and ensuring another adult is aware that intimate care is being provided.

2.11 Office staff must record the incident on the pupil's Arbor profile under the 'medical' section, including a brief description of the incident. Parents will be informed by telephone immediately following the incident, and SLT will also be informed on the same day via email.

3. Children wearing nappies

3.1 Schools may have concerns regarding child protection issues when asked by parents to admit a child who is still wearing nappies. Child protection need not present an issue. It is good practice to provide information for parents on the policy and practice in the school, including a simple agreement form for parents to sign, outlining who will be responsible for changing the child and when and where this will be carried out. This agreement allows the school and the parent to be aware of all the issues surrounding this task from the outset.

3.2 We will record who changes a child, how often this task is carried out, and the time they left/returned to the classroom following this task. Examples of such good practice provide reassurance for parents that systems are in place and that the school has implemented procedures for staff to follow.

3.3 Under certain circumstances it may be necessary to ask parents to ensure children are toilet trained prior to entry into the nursery — for example, if a child is unable to be changed safely, or this puts other children or staff members at risk.

4. Equipment provision

4.1 Parents have a role to play when their child is still wearing nappies: the parent should provide nappies, disposal bags, wipes, a changing mat and similar items, and should be made aware of this responsibility. The school is responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

5. Health and safety

5.1 Some schools are concerned about health and safety issues when staff are changing children or dealing with a child who has had an accident and is bleeding.

5.2 Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled, or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed, and then placed in a specifically designated, lined bin. The bin should be emptied on a weekly basis and can be collected as part of the usual refuse collection service, as this waste is not classed as clinical waste. Staff should be aware of the school's Health and Safety Policy.

6. First aid and intimate care

6.1 Staff who administer intimate first aid should ensure, wherever possible, that another adult is aware of the procedure taking place. The pupil's dignity must always be considered, and where contact of a more intimate nature is required, another member of staff should be in the vicinity and made aware of the task being undertaken. The procedure should be recorded.

6.2 We will record who changes a child, how often this task is carried out, and the time they left/returned to the classroom. Regular requirements of an intimate nature should be planned for. Agreements between the school, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed.

7. Safeguarding

All staff providing intimate care must be alert to child protection and safeguarding considerations at all times, in line with Keeping Children Safe in Education 2026 (in force from 1 September 2026). Any

concerns arising during intimate care — including unexplained marks, injuries, or a change in the child's behaviour — must be reported to the DSL immediately, in line with the school's Safeguarding and Child Protection Policy. Staff should never undertake intimate care in isolation from the school's wider safeguarding procedures, and should always feel able to raise a concern about the practice of a colleague.

8. Appendices

Appendix 1: Permission form for intimate care

Parents/carers of any pupil requiring regular intimate care are asked to complete the form below.

Field	Details
Child's name	
Class	
Nature of intimate care required	
Named members of staff who may provide this care	
Any equipment required (provided by parent/carer)	
Any specific preferences, sensitivities or cultural considerations	
Parent/carer name	
Parent/carer signature	
Date	

This agreement will be reviewed at least annually, or sooner if the child's needs change.

Appendix 2: Intimate care plan

An individual intimate care plan will be completed for each pupil with an identified intimate care need, and reviewed regularly with the child, parents/carers and relevant staff.

Field	Details
Child's name	
Date of birth	
Class	
Description of intimate care need	
Level of independence / support required	
Named staff responsible (2–3 familiar adults)	
Equipment / adaptations required	
Communication method preferred by the child	
Review date	
Signed (parent/carer)	
Signed (staff member)	
Date	