



# Intimate care policy

**Approved by:** Hannah Massey

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### 1. Aims

Intimate care refers to any care which involves toileting, washing, changing, touching or carrying out an invasive procedure to children’s intimate personal areas.

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

### 2. Legislation and statutory guidance

This policy complies with [statutory safeguarding guidance](#). It also complies with our funding agreement and articles of association.

### 3. Role of parents

#### 3.1 Toilet Readiness

Toilet training is a very important milestone for each and every child. The child requires reassurance and guidance at every step to make sure that they are fully supported and encouraged during this stage of their development. It is equally important that we ensure effective partnership and communication with parents in order to give the child continuity between their home and school. We ask that parents let us know as soon as they start to think about toilet training in order to maintain consistency. Toilet training is a shared job and it is important that your child gets the same messages at home and at school. Communication is the key: Make sure that the staff know what you are doing at home and we will do the same. It is important for all adults involved with the child – parents, staff, grandparents, childminders, to follow the same toilet training plan. This will ensure the child knows what is happening and won’t be confused.

**Signs of toilet training readiness:**

- Your child knows what “wee” and “poo” are.
- Your child’s nappy is dry a couple of hours after his/her last nappy change indicating that he/she is getting some bladder control.
- Your child is aware when they are doing a ‘wee’ or ‘poo’.
- Your child can tell you in advance that they need a ‘wee’ or ‘poo’.
- Your child becomes uncomfortable and complains about dirty nappies.
- Your child can take off his own clothes and needs minimal help with it.

**3.2 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 at the beginning of each academic year.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form, 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.

We ask that parents: -

- Agree to change the child at the latest possible time before coming to school.
- Provide spare pants, pull up nappies, wipes, nappy sacks and a few changes of clothing.
- Agree to dress their child in clothes which are easy for the child to pull up and down, avoiding tights or clothes with lots of fastens or belts.
- If your child is changed into spare clothes, we would appreciate these clothes are washed and returned to us as soon as possible.
- Understand and agree to the procedures to be followed during changing at school.
- Agree to inform school should the child have any marks/rash.

**3.3 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.

### 3.4 Sharing information

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

## 4. Role of Staff

The staff at Moat Farm Infant School are highly experienced in helping parents decide if their child is ready for toilet training. The toilets in school are miniature children's toilets and welcoming to the children. Good hygiene practices are always followed at school and the children are shown how to use the toilet and how to wash their hands each time. 'Accidents' will be dealt with calmly, sympathetically and in a way, which does not make the child feel they have done anything wrong.

### 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 learning support practitioners and teachers.

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

- One member of staff will bring the child to the changing area or in the classroom toilets
- The adult will encourage the children to get their bag with their pants, cleaning wipes and nappy sacks inside.
- All staff are familiar with the hygiene procedures and carry these out when changing nappies or 'pull ups'
- Gloves and aprons are put on before changing starts and the areas are prepared.
- The changing mat/bed is freshly sanitized after use for each child.
- Nappies and 'pull ups' are disposed of hygienically.
- Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are bagged for the parent to take home.
- In addition, staff ensure that nappy changing is relaxed and a time to promote independence in young children.
- Children are encouraged to have good hygiene when having their nappy changed, so they will be asked to wash their hands after they have been changed.

Moat Farm Infant School already have procedures in place for dealing with spillages of bodily fluids. The same precautions will apply for nappy changing.

- Staff to wear aprons and disposable gloves.
- Nappies to be disposed of appropriately.
- Hot water and soap available to wash hands after changing is done.
- Hot air dryer or paper towels available to dry hands.

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 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 schools designated safeguarding lead.

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 Beth Macdonald (EYFS Lead) and Natalie Skidmore (AHT SENCO) annually. At every review, the policy will be approved by the governing board.

## 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

## 8. Support and Advice

- Speak with your child's teacher/key worker
- Speak to your health visitor
- School can make a referral to the school nurse team
- Speak to your local children's Sure Start Centre
- Look at or contact 'ERIC, the children's bowel and bladder charity.'
  - They provide lots of useful information on the website to support toilet training with all children.
  - [www.eric.org.uk](http://www.eric.org.uk)
  - 0845 370 8008

## Appendix 1: template intimate care plan

PARENTS/CARERS	
Name of child	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
CHILD	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

This plan will be reviewed twice a year.

Next review date:

To be reviewed by: