Harehills Primary School

Learn, Laugh and Love

Intimate Care Policy

Approved by: J Haywood, H Melling	**Policy Date:** October 2025
Last reviewed on: October 2026	Next review due by: October 2027
Staff Responsible: J. Haywood, H Melling	

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1. Purpose and scope

This policy provides a clear framework for meeting pupils' intimate and personal care needs while protecting their dignity, rights, wellbeing, and safety. It also supports staff working consistently and safely. It applies to planned, regular care and occasional support following a toileting accident or other unexpected needs, including during educational visits, clubs and off-site activities.

The policy should be read alongside the school's Safeguarding and Child Protection Policy, Staff Code of Conduct, Low-Level Concerns and Allegations procedures, SEND Policy, Supporting Pupils with Medical Conditions Policy, First Aid Policy, Health and Safety Policy, Equality information and objectives, Infection Prevention and Control procedures, Moving and Handling procedures and Educational Visits Policy.

2. Legal and guidance framework

The school will have regard to current statutory requirements and guidance, including:

- Keeping Children Safe in Education 2026.
- The Statutory Framework for the Early Years Foundation Stage, where applicable.
- Supporting pupils at school with medical conditions of statutory guidance.
- The Equality Act 2010 includes the duty to make reasonable adjustments and avoid disability discrimination.
- The Children and Families Act 2014, including section 100 for pupils with medical conditions.
- The UK General Data Protection Regulation and Data Protection Act 2018.
- Relevant health and safety, manual handling, infection prevention, and waste management requirements.

3. Definition

Intimate care is care involving direct or indirect contact with, or support relating to, private areas of the body. It includes personal care that many pupils carry out independently but that some pupils may need help, prompting, supervision, or specialist support to complete.

Examples include:

- toileting, continence care and changing nappies or continence products;
- washing or cleaning following an accident;
- support with dressing or undressing, including underwear;
- menstrual care;
- support with stoma or catheter care, or other healthcare procedures, where staff have been appropriately trained and assessed as competent;
- Help with personal hygiene while encouraging the child to do as much as they can independently.

4. Principles

- Every pupil has the right to dignity, privacy, safety, respect, and access to education.
- Care will be child-centered, inclusive, culturally sensitive and responsive to communication, sensory, medical, developmental and SEND needs.
- The child will be involved in decisions and offered genuine choices wherever possible. Staff will seek and respond to the child's assent before and during care.
- No pupil will be left in wet or soiled clothing for longer than is reasonably necessary. Care will not be withheld solely because written consent has not yet been obtained where delay would compromise health, dignity or welfare.
- Staff will promote independence and will only provide the level of assistance that is necessary.
- A pupil will not be excluded from ordinary school activities because intimate care is required. Reasonable adjustments will be considered.

5. Roles and responsibilities

5.1 Governing body and headteacher

- ensure suitable policies, staffing, facilities, equipment, training and insurance arrangements are in place;
- ensure practice is monitored and concerns are acted upon;
- ensure reasonable adjustments are considered for pupils with disabilities or medical needs;
- designate leaders responsible for oversight, records and review.

5.2 Designated policy lead / SENCO

- coordinate care planning with the pupil, parents or carers, relevant staff and health professionals;
- ensure risk assessments, moving and handling plans, healthcare plans and training are aligned;
- ensure only staff who are trained and competent undertake specialist procedures;
- review plans at least annually and whenever needs, treatment, equipment, staffing or circumstances change.

5.3 Staff

- follow the pupil's agreed plan and school procedures;
- explain what they are doing, use respectful language and check the child remains comfortable;
- maintain professional boundaries and never undertake a procedure for which they are not trained or competent;
- record care promptly, factually and confidentially;
- report welfare, safeguarding, practice or equipment concerns without delay.

6. Consent, assent and working with families

Parents or carers will be closely involved in planned intimate care, and written consent will normally be obtained through the Intimate Care Plan. The pupil's views, preferences, communication methods, and level of understanding will be recorded and reviewed. Where appropriate, relevant health professionals will contribute.

For an unexpected accident where there is no plan, staff will follow the consent arrangements recorded by the school. If prior written consent is not available, staff should seek verbal consent where practicable and record it. If a parent or carer cannot be contacted, the school will act in the child's best interests to protect health, dignity and welfare, using the least intrusive appropriate care and recording the action taken.

If a child indicates that they do not want a particular person to provide care, staff will listen, pause where safe to do so, explore the reason sensitively, and seek an alternative arrangement. Any safeguarding concern must be reported to the Designated Safeguarding Lead immediately.

7. Intimate Care Plans and risk assessment

A written Intimate Care Plan is required where a pupil needs regular, planned, specialist or higher-risk care. It should be developed before care begins wherever reasonably possible and must be accessible to staff who need it.

The plan must cover, as relevant:

- the pupil's needs, preferences, communication and independence;
- the agreed step-by-step procedure and expected frequency;
- named or identified trained staff and contingency arrangements;
- privacy arrangements and when one or two staff are required;
- PPE, cleaning, infection control and disposal;

- moving and handling requirements and equipment;
- skin care, products, allergies and any healthcare instructions;
- what will be recorded and how parents or carers will be informed;
- arrangements for trips, clubs, transitions and emergencies;
- review date and signatures.

8. Staffing, privacy and safer working

The number of staff present will be determined by the pupil's needs, wishes, the nature of the task, and a proportionate risk assessment. One trained member of staff may provide routine care where this supports privacy and has been agreed as safe. Two staff must be available where required by a moving and handling assessment, healthcare instruction, behaviour or safeguarding risk assessment, or where the procedure cannot be carried out safely by one person.

- Care should normally be provided by staff known to the pupil and identified through the plan or agreed contingency arrangements.
- Doors should be closed to prevent intrusion, while arrangements must allow staff to summon assistance and enable appropriate oversight without compromising dignity.
- Staff must tell an appropriate colleague that care is taking place and where they will be, in line with local arrangements.
- Personal phones, cameras, and recording devices must not be taken into or used in the care area. Smart watches and other personal connected devices must be removed and stored securely before care begins.
- Staff must not work outside the agreed plan or use unnecessary physical contact.
- A pupil's preference concerning the person providing care should be respected where reasonably practicable. Decisions must not rely on blanket assumptions about gender.

9. Safe care procedure

1. Prepare the room, equipment, and PPE before beginning.
2. Explain the care in an age-appropriate and accessible way and seek the pupil's assent.
3. Ensure privacy and only expose the minimum area necessary for the minimum time.
4. Encourage the pupil to complete each part they can manage independently.
5. Use agreed products only. Do not apply creams, medicines or medical products unless authorised in the relevant plan and, where required, staff are trained.
6. Wear appropriate disposable gloves and aprons when contact with body fluids is anticipated. Perform hand hygiene before and after care and after removing PPE.
7. Clean and disinfect reusable equipment and surfaces using the school's approved products and procedures.
8. Dispose of waste through the school's agreed waste stream. Do not assume all continence waste is clinical waste; follow the site waste assessment and contractor or local authority arrangements.
9. Place soiled clothing in a secure, labelled or otherwise identifiable waterproof bag for collection, following the agreement with parents or carers. Staff must not rinse or soak in clothing.
10. Record the care promptly and report any concerns.

10. Specialist and healthcare procedures

Invasive, clinical or specialist procedures must only be undertaken by staff who have received procedure-specific training from an appropriately qualified professional and have been assessed as competent. Competence must be documented and reviewed. Staff must follow the Individual Healthcare Plan and emergency instructions. If training is not current or the procedure falls outside the agreed plan, staff must seek help and must not improvise.

11. Safeguarding, concerns and allegations

Staff must remain alert to signs of pain, injury, neglect, abuse, changes in presentation or behaviour, unexplained marks, repeated accidents, or any response that causes concern. Concerns must be recorded factually and reported immediately to the Designated Safeguarding Lead or deputy in line with the Safeguarding and Child Protection Policy.

If a member of staff accidentally causes an injury, the pupil becomes distressed, the procedure differs from the plan, or any event could be misunderstood, the member of staff must stop if safe, reassure the pupil, seek assistance, provide first aid where required, make a factual record and report promptly to a senior leader and the DSL.

Any concern or allegation about an adult's conduct, including a low-level concern, must be reported through the school's staff safeguarding procedures. Staff must not investigate the matter themselves or discuss it beyond those who need to know.

12. Recording, confidentiality and information sharing

Each episode of intimate care must be recorded using the appropriate form. Records should state the date, time, care provided, level of assistance, staff member or members involved, any products or equipment used, observations or concerns, action taken and relevant communication with parents or carers.

- Use clear, factual and respectful language. Avoid unnecessary intimate detail.
- Completed records are confidential and must be stored securely with access limited to staff who need the information.
- Records must not be left in an unlocked toilet, hygiene suite or other publicly accessible area. A working sheet used at the point of care must be transferred promptly to secure storage.
- Information will be shared on a need-to-know basis in accordance with safeguarding and data-protection requirements.
- Retention and disposal will follow the school's records-management schedule.

13. Facilities, equipment and infection prevention

- Facilities must be safe, warm, hygienic, accessible and arranged to preserve dignity.
- Changing surfaces must be intact, wipeable and appropriate to the pupil's size and weight.
- Handwashing facilities, liquid soap and suitable hand-drying facilities must be available.
- PPE, cleaning materials and continence products must be stored safely and within staff reach, but away from unauthorised access.
- Bins must be lidded or otherwise suitable for the assessed waste stream and emptied in accordance with the school's waste arrangements.
- Where lifting or transfers are required, suitable equipment and an up-to-date moving and handling assessment must be in place.
- Equipment and facilities must be checked before use. Defects must be reported and unsafe equipment taken out of use.
- The care area must never be used to store food, drink or teaching resources that could become contaminated.

14. Educational visits and activities away from school

Intimate care needs must be included in visit planning and risk assessment. Staff should check accessible facilities in advance, plan suitable travel and changing arrangements, take necessary PPE and equipment,

protect confidentiality and identify contingency arrangements. Pupils must not be prevented from participating solely because intimate care is required; reasonable adjustments must be considered.

15. Training and competence

All relevant staff will receive policy and safeguarding briefing. Staff providing care will receive training appropriate to their role, which may include infection prevention, PPE, continence support, disability awareness, communication, moving and handling, use of equipment and procedure-specific healthcare training. Leaders will keep training and competence records and arrange refresher training when required.

16. Monitoring, complaints and review

The policy lead will monitor care plans, records, training, facilities, incidents and themes arising from practice. The policy will be reviewed annually and sooner if statutory guidance, a pupil's needs, facilities, equipment or school procedures change, or if an incident or learning review indicates that amendment is needed.

Parents, carers and pupils may raise concerns through the school's usual complaints procedure. Safeguarding concerns will be managed under safeguarding procedures and will not be delayed by the complaints process.

17. Reference documents

- Department for Education: Keeping Children Safe in Education 2026.
- Department for Education: Supporting pupils at school with medical conditions.
- Department for Education: Statutory Framework for the Early Years Foundation Stage.
- Equality Act 2010.
- Children and Families Act 2014.
- NHS England: National infection prevention and control manual for England, principles applied as relevant to care settings.
- Local authority or health-professional guidance relevant to individual pupils and procedures.

Appendix 1: Intimate Care Plan

Complete for pupils who need regular, planned, specialist or higher-risk intimate care. Attach linked assessments or plans where applicable.

Pupil name / class	
Date of birth	
Plan start date	
Completed by	
Parent/carer contacts	
Relevant diagnoses, medical needs, SEND, allergies or sensory needs	
Pupil's views, preferences and signs of assent or distress	
Communication method, including symbols, signs or prompts	
Self-care skills and independence goals	
Specific care required and frequency	
Step-by-step procedure	
Staffing and privacy arrangements	
Named/identified trained staff and contingency arrangements	
PPE, products and equipment	
Moving and handling requirements / linked assessment	
Skin care instructions and authorised products	
Waste and soiled-clothing arrangements	
Recording and parent/carer communication	

Arrangements for trips, clubs and transition	
Known risks and control measures	
Action in an emergency or if care cannot be completed as planned	
Review date	

Agreement	Name	Signature / date
Parent/carer		
Pupil, where appropriate		
School representative		

Appendix 2: Individual Intimate Care Record

Pupil	
Week beginning	
Linked care plan	Yes / No

Date	Time	Care / assistance provided	Staff initials	Observations / action	Parent/carer informed

Appendix 3: Record of Occasional Care / Toileting Accident

Pupil / class	
Prior written consent recorded	Yes / No
If not, verbal consent sought from	
If parent/carer not contacted, reason and best-interest decision	

Date / time	Reason	Care provided	Products / PPE	Staff	Observations / action	Parent/carer informed