Intimate care policy

Flanshaw Junior, Infant and Nursery School

Approved by:	Governrs (R Evans)	**Date:** April 2026
Last reviewed on:	April 2026	
Next review due by:	April 2027	

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1. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, privacy, rights and wellbeing of every child are safeguarded
- Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their child 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 that 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 the Department for Education (DfE) statutory safeguarding guidance:

- Keeping Children Safe in Education
- Early Years Foundation Stage (EYFS) statutory framework

3. Role of parents/carers

3.1 Seeking parental permission

For children who need routine intimate care (e.g. for nappy changes or toileting accidents), parents will be asked to:

- Sign an intimate care plan.
- Provide an adequate supply of necessary items (e.g. nappies, wipes, creams, changes of clothing)
- Sign, on entry to school in EYFS, to consent to their child having intimate care if required.

All children who are wearing nappies and routinely require changing will have an individual intimate care plan in place, which must be agreed and signed by parents/carers prior to care being delivered.

Children who have more complex needs, including those who require lifting and handling support, will have both an intimate care plan and a moving and handling risk assessment. The moving and handling risk assessment will clearly link to and reference toileting and intimate care arrangements. These documents will be created in discussion with parents/carers and must be signed by them.

Where a child requires routine or occasional intimate care (for example, support with toileting or in the event of a toileting accident), and this is not already covered by an agreed intimate care plan, parental consent will be sought prior to the procedure being carried out.

If there is no intimate care plan or signed parental agreement in place, parental permission will be obtained when joining the school.

3.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (where possible) and any relevant health professionals.

The school will work with parents/carers 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/carers will be consulted.

The plan will be reviewed once a year, even if no changes are necessary, and updated whenever there are changes to a pupil's needs.

See appendix 1 for a template plan.

3.3 Sharing information

The school will share information with parents/carers as needed to ensure a consistent approach. Parents/carers are expected to also share relevant information regarding any intimate matters as needed.

4. Role of staff

4.1 Which staff will be responsible

All staff at Flanshaw JIN 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.

Senior leaders will:

- Oversee the implementation of this policy
- Ensure staff receive appropriate training and support
- Oversee the development of individual intimate care plans
- Act as a point of contact for parents/carers/staff regarding intimate care concerns

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 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

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

5. Intimate care procedures

During nappy changes, toileting and any intimate care procedure, Flanshaw JIN staff members will balance children's privacy with safeguarding and support needs.

5.1 Staffing

All members of staff performing intimate care procedures have an enhanced DBS with barred list check.

In general, 1 member of staff will be present with each child, except for circumstances where:

- 2 members of staff are needed to:
- Safely handle a child who needs to be assisted
- Use equipment such as a hoist
- There is a known risk of false allegations by the pupil

In cases where a pupil needs regular intimate care, where possible, the same member of staff will assist the same pupil each time they need support. Where possible, we will ensure that backup members of staff are also people known to the child. Staff will request a counter signature to agree that appropriate intimate care has been carried out.

At Flanshaw JIN male members of staff may be allocated to change female pupils or vice versa. The decision to allocate a member of staff of a different gender to the pupil will be discussed with the parents/carers and pupil, if appropriate.

5.2 Arrangements

Children will be changed in an appropriate, designated area according to their age, location within the setting, and individual needs. This may take place at the nursery changing station, in the disabled toilet, or in the Butterfly Room. The chosen location will ensure the child's privacy, dignity, safety, and comfort at all times.

Before going to perform intimate care on a child, the member of staff allocated to that child will inform another member of staff of where they are going, and leave doors open as much as privacy allows. Where possible, they should be within earshot of other members of staff, but the comfort and care of the child should be the priority when choosing a location.

When carrying out procedures:

We will use appropriate facilities and equipment when carrying out intimate care, selected according to the child's age, stage of development, and individual needs. This may include a changing mat, a standing changing station, or a medical bed, as well as any specialist equipment required to support safe moving and handling. The setting is equipped with generic supplies to support safe and hygienic practice, including nappies, wipes, suitable personal protective equipment (PPE), handwashing facilities, and appropriate clinical waste disposal arrangements. For pupils needing routine intimate care, the school expects parents/carers 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, discreetly returned to parents/carers at the end of the day.

A written record will be completed each time intimate care is provided. This will include the date, time, and whether the child was wet or soiled. The record will be signed by the member of staff who carried out the procedure and countersigned in line with setting procedures.

5.3 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.

Any concerns about the safety or welfare of a pupil will be reported immediately to the Designated safeguarding leads using CPOMS.

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 senior leaders.

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.

Where the school notices an increasing pattern of soiling instances, it will first hold a meeting with parents/carers and with any other relevant individuals, such as medical professionals involved with the child to discuss why this might be occurring, and how to help the child. If the pattern continues, the school's designated safeguarding lead (DSL) will be notified. If there is other evidence which indicates a safeguarding concern, the DSL may contact the local authority designated officer (LADO), who will consider whether there is a safeguarding issue.

5.4 Specific procedures for nappy changing in nursery/early years

For typical nursery nappy changes, staff will follow clear hygiene and safeguarding procedures to ensure children's comfort, dignity, and safety. Before changing begins, staff will prepare the area and gather all required equipment. Disposable gloves will be worn, and thorough handwashing will take place before and after each change. Nappy changes will be carried out in a designated area, such as the nursery changing station, disabled toilet, or Butterfly Room, depending on the child's age, location, and individual needs. Soiled nappies and wipes will be placed in appropriate clinical waste disposal facilities, and any soiled clothing will be double-bagged and returned to parents/carers. Changing areas and equipment will be cleaned and disinfected after use in line with hygiene procedures. A written record will be completed for each change, including the date, time, whether the child was wet or soiled, and staff signatures in accordance with setting policy.

5.5 Specific procedures for toileting accidents

Where pupils start school without being toilet trained, staff will work closely with parents/carers to agree an appropriate care plan to support the child's needs. The school will monitor and record the frequency of toileting accidents or soiling incidents and review this information regularly. Where patterns emerge, incidents increase, or additional support is required, consideration will be given to implementing or adapting an intimate care plan in partnership with parents/carers. The school will liaise with parents/carers regarding the outcomes of any relevant medical appointments, any changes in the pattern of incidents at home or school, and whether the current support arrangements remain effective. Throughout this process, staff will communicate sensitively and respectfully with the child, ensuring privacy and discretion at all times. Appropriate hygiene procedures will be followed after each incident, and all care provided will be recorded and reported in line with setting policy.

5.6 Management of menstrual care

All staff recognise that some girls at our school may begin menstruating during their time with us. While there is no shame or stigma attached to this, we understand that pupils may wish to manage it discreetly and with dignity. Staff will respond with sensitivity and respect at all times. The school provides clear and practical guidance to pupils about where sanitary products are located and how to use and dispose of them correctly. The UKS2 toilets are equipped with appropriate sanitary disposal facilities. Sanitary products are available for pupils to access independently in all UKS2 classrooms, and additional supplies are available discreetly

through the pastoral team. Products available include sanitary towels and other age-appropriate menstrual hygiene products.

Staff will not directly assist with the physical act of changing sanitary products unless this is specifically requested by the child and agreed with parents/carers through an individual intimate care plan due to identified additional needs. Age-appropriate education on puberty and menstrual hygiene is delivered through Relationships and Sex Education (RSE) lessons from Year 4 onwards, ensuring pupils feel informed, prepared, and supported.

6. Monitoring arrangements

This policy will be reviewed by Senior leaders every year. At every review, the policy will be approved by the 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
- SEND
- Supporting pupils with medical conditions
- PSHE policy
- RSE policy

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	

Appendix 2: Recording sheet

Name:			Class:	
Date	Time	Soiled/wet	Sign	Counter sign

Appendix 4: Occasional intimate care reporting to parents.

PARENTS/CARERS	
Name of child	
Your child had a toileting accident at school today.	Date: Time:
Type of intimate care needed	Changed themselves Changed with support High level of intimate care carried out (please indicate) Any other comments: …… …… …… ……..
Signature of staff member	