Hill Farm Primary

Intimate Care Policy

Date effective	September 2025
Review Cycle	Annually
Review Date	September 2026
Date of Approval by Governors	October 2025
Policy approved by	Ruth Winters
Author	Katie Roper

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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 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.

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 class teachers, nursery assistants and teaching assistants.

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

We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively.

Staff who provide intimate care are trained in personal care (e.g. health and safety training in moving and handling) according to the needs of the pupil. Staff are aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

Staff who provide intimate care are aware of the protocol for lifting small children (see appendix 3).

Staff, where possible will communicate and gain permission with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences.

Two members of staff will be present when carrying out intimate care and both must sign the Changing Proforma record.

Intimate care will be carried out in designated spaces in the reception area for reception children and in the nursery area for nursery children.

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

Protective gloves, aprons, cleaning supplies, hand gel, changing mats and bins.

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents at the end of the day.

If a child has received intimate care then parents/carers will be notified upon collection.

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 their line manager who will decide if any further action should be taken.

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 local 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

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	
PARENTS/CARERS	
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:

Appendix 2: template parent/carer consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carer	
Address	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	☐
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	☐
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	☐
I **do not** give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed). I understand that if the school cannot reach me or my emergency contact if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.	☐
Parent/carer signature	
Name of parent/carer	
PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Relationship to child	

Date	

Appendix 3: Protocol for lifting small children

1 PERSON

Task
Lifting Small Children
Manual handling of small children who are within the guidelines for lifting specified in the MHORegs.

Eg: Wheel chair to classroom chair
Chair to changing plinth
Chair to floor

Method

Chair to chair
Chair to plinth

- Ensure the environment is clear of unnecessary clutter.
- Position the pupil as close as possible to the intended destination.
- Explain the manoeuvre to prepare the pupil and always give them time to process and respond.
- Adopt a stable base by the side of the chair.
- Unfasten the appropriate restraints ensuring the child is supported in the chair once the restraints have been removed.
- Following the principles of Base to Face and Keeping The Spine In Line:

Position body as close to the pupil as possible, place one arm round their back and one arm under thighs.

- On the command ready, steady, lift, raise pupil up keeping them close to body, place in chair and ensure all belts and harnesses are secured.

Chair to floor
- Ensure the environment is clear of unnecessary clutter.
- Position the pupil as close as possible to the intended destination.
- Explain the manoeuver to prepare the pupil and always give them time to process and respond.
- Adopt a stable base by the side of the chair.

- Unfasten the appropriate restraints ensuring the child is supported in the chair once the restraints have been removed.

- Position the pupil correctly by placing their arms on their lap.

- Following the principles of Base to Face:

Position body as close to the pupil as possible, place one arm around their back and one arm under the thighs. On the command ready, steady, lift, raise pupil out of the chair and on to your lap.
Move back until the pupil is in a seated position on the floor.
Move back further until the pupil moves back into a lying position on the floor.

Floor to Chair

<u>This manual handling manoeuvre must be done as a two staged lift with two members of staff.</u>

- Ensure the environment is clear of unnecessary clutter.

- Position the chair as close as possible to the pupil.

- Explain the maneuver to prepare the pupil and always give them time to process and respond.

- Adopt a stable base on one knee at the side of the pupil.

- Assist pupil to a sitting position. Position body as close to the pupil as possible, place one arm around their back and one arm under the thighs, on command ready, steady, lift raise pupil up onto raised knee.

- Second person comes in and adopting a stable base and following the principles of base to face takes the child, places in the chair and secure all belts and harnesses.