

Intimate Care Policy



Hazel Oak School

October 2025

To be reviewed September 2026

Agreed by Governors:

Signed by: Chair of Governors

1) **Principles**

- 1.1 The Governing Body is committed to ensuring that all staff responsible for the intimate personal care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.
- 1.2 Hazel Oak takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate personal care needs is one aspect of safeguarding.
- 1.3 The Governing Body recognises its duties and responsibilities in relation to the Equality Act 2010 which requires that any pupil with an impairment that affects his/ her ability to carry out day-to-day activities must not be discriminated against.
- 1.4 This intimate care policy should be read in conjunction with the schools' policies as below (or similarly named):
 - Safeguarding policy and child protection procedures
 - Staff code of conduct and guidance on safer working practice
 - 'Resolutions' and allegations management policies
 - Health and safety policy and procedures
 - Policy for administration of medicines
 - Special educational needs policy
 - Confidentiality policy
 - Safe touch policy
- 1.5 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 personal care is given. The child/ young person's welfare is of paramount importance and his/ her experience of intimate care 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: no pupil should be attended to in a way that causes distress or pain.
- 1.6 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.
- 1.7 Where pupils with complex and/ or long term health conditions have an individual health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.
- 1.8 Members of staff should provide intimate care to pupils. The role will be written into job descriptions of identified support staff either prior to appointment or through formal review. The school will ensure sufficient numbers of staff are trained are fulfilling this role at all times so that a child/ young person is not denied access to full involvement.

1.9 All staff undertaking intimate care must be given appropriate training and continue to seek advice proactively if new concerns arise, or pupil needs change.

1.10 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2) **Child/ young person focused principles of intimate and intimate personal care.**

The following are the fundamental principles upon which this Policy and guidelines are based: Every child/ young person has the right to:

- Be safe.
- Personal privacy.
- Be treated as an individual.
- Be treated with dignity and respect, and feel they belong.
- To be involved and consulted in their own intimate personal care to the best of their abilities.
- Express their views on their own intimate personal care and to have such views taken into account.
- Have levels of intimate personal care that are as consistent as possible.

3) **Definition**

3.1 Intimate personal care can be identified as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their developmental stage, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

3.2 It also includes supervision of pupils involved in intimate self-care.

4) **Best Practice**

4.1 Pupils who require regular assistance with intimate personal care have written individual intimate care plans agreed, and signed by staff, parents/carers and any other relevant professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/ appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances e.g. for residential trips or staff changes (where the staff member concerned is providing intimate personal care). They should also take into account procedures for educational visits/ day trips.

4.2 Where a care plan is not in place, parents/ carers will be informed the same day if their child has needed help with meeting intimate personal care needs (e.g. has had

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- an 'accident' and wet or soiled him/ herself). It is recommended practice that information on unexpected intimate personal care should be treated as confidential and communicated in person or by telephone, not through the home/school diary.
- 4.3 Parents/carers will be contacted in the event that their child is dysregulated, in extreme distress or demonstrating distressed behaviour which prevents staff from supporting their personal and/or intimate care needs.
 - 4.4 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage.
 - 4.5 Accurate records should also be kept when a child requires assistance with intimate personal care, including changing period products: these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child/young person's behaviour. It should be clear who was present in every case. These records will be kept in the schools' intimate care file and available to parents/carers on request.
 - 4.6 All pupils will be supported to achieve the highest level of autonomy that is possible given their developmental stage and abilities. Staff will encourage each individual pupil to do as much for him/ herself as possible.
 - 4.7 Staff who provide intimate personal care are trained in intimate personal care (e.g. health and safety training in moving and handling, safeguarding, school-based practices) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves, masks and aprons where appropriate.
 - 4.8 Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.
 - 4.9 There must be careful communication with each pupil who needs help with intimate personal care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding, permission should be sought before starting an intimate procedure.
 - 4.10 Staff who provide intimate personal care should speak to the pupil personally by name, explain what they are doing and communicate with all children/ young people in a way that reflects their age and development stage.
 - 4.11 Every child/ young person's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate personal care. Reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.
 - 4.12 An individual member of staff should inform another appropriate adult when they are going to assist a pupil with intimate personal care alone.

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- 4.13 The religious views, beliefs and cultural values of children/ young people and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer. The care needs of the child/ young person should be paramount.
 - 4.14 Adults who assist pupils with intimate personal care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks. New school employees with full DBS clearance are able to support with personal care alongside school employees before being able to complete unsupervised personal care after a period of at least 10 working days in the school. This will be monitored by the class teacher.

Agency staff have full DBS clearance, and are all able to support with personal care alongside school employees. A judgement should be made by either an Assistant Head, Deputy Head or Head Teacher about whether agency staff are able to complete unsupervised personal care, based on familiarity with the pupil and after a period of at least 10 working days in the school.

- 4.15 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 4.16 Health and Safety guidelines should be adhered to regarding waste products. If necessary, advice should be taken regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.
- 4.17 No member of staff will carry a mobile phone, camera or similar device with recoding capabilities whilst providing intimate personal care. See school policy on mobile phones etc.

5) **Child Protection**

- 5.1 The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.
- 5.2 The school's child protection procedures will be adhered to.
- 5.3 From a child protection perspective it is acknowledged that intimate personal care involves risks for children and adults as it may involve staff touching private parts of the pupil's body. In this school best practice will be promoted and all adults including those who are involved intimate personal carer and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.
- 5.4 Pupils will be taught personal safety skills carefully matched to their level of development and understanding. This will include learning around consent, listening to what their bodies are telling them (protective behaviours), expectations of adults and how/who to ask for help.
- 5.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc. s/he will immediately report concerns to the Designated Safeguarding Lead or Head Teacher. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection

procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

5.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Designated Safeguarding Lead. The matter will be investigated at an appropriate level (usually the Head Teacher) and outcomes recorded. If the concern is about the Head Teacher then it should be reported to the chair of governors.

5.7 If a pupil, or any other persons, makes an allegation against an adult working at the school, this should be reported the Head Teacher (or to the Chair of Governors if the concern is about the Head Teacher) who will consult the Local Authority Designated Officer in accordance with the school's policy.

See our 'Managing allegations against employees (children and young people)' Policy.

5.8 Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the head teacher or to the Chair of Governors, in accordance with the child protection procedures and 'Resolution Policy'.

6) Medical Procedures

6.1 Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the individual health care plan and will only be carried out by staff who have been trained to do so.

6.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

6.3 Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

Appendix 1 Intimate care consent form



Hazel Oak School

Hazel Oak Intimate Care Consent form

We use this permission form for children needing support with toileting and intimate care.

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) according to their relevant care plans	
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or my child has an infection)	
I understand the procedures that will be carried out and I will contact the school immediately if I have any concerns	
I understand that a log will be kept of who has supported my child for intimate care	
<p>I do not give consent for my child to be washed and change in case of a toileting accident.</p> <p>Instead, the school will contact me or my emergency contact and I/they will organise for my child to be washed and changed.</p> <p>I understand that if the school cannot reach me or my emergency contact, staff will need to wash and change my child, following the school's intimate care policy, to ensure comfort and remove barriers to learning.</p>	
Parent signature	
Name of parent	
Relationship to child	
Date	

Appendix 2 Intimate care plan proforma



Hazel Oak School

Intimate care plan

Use this template for pupils who need regular support with toileting, washing and/or changing.

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 making sure 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?	

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Signature of child	
Date	

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

Appendix 3 Intimate care record – fully supported personal care



Intimate Care Plan Record Sheet – FULLY SUPPORTED

Pupil name:
Initialled names of staff involved in my care:
Care information Key: W = wet D = dry S = soiled M = Menstruation CH = cleaned hands CF = cleaned face C = change of clothing SW = swimming
Comments Key: observations of any skin condition(s), C = cream applied, * = My Concern completed, any other comments

Date/time	Care information	Comments	Staff completing care

