



St Christopher's the Hall School



Intimate Care

Policy Owner: Chief Operating Officer (COO)

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Version Control Information

Reason for Amendment	Role	Date	Main Changes
Creation of new policy	Chief Operating Officer Designated Safeguarding Lead Head of EYFS School Operations Manager	Spring / Lent 2026	New policy

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1. Aims and introduction

This policy is applicable to staff, pupils and parents / carers of St Christopher's the Hall School. St Christopher's the Hall School (the school) aims to ensure that:

- There are robust processes in place to ensure that intimate care is carried out properly by staff, in line with agreed intimate care 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 staff 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 definitions

2.1 Legislation

This policy is based on advice from the Department for Education (DfE's) statutory safeguarding guidance, specifically:

- [Keeping Children Safe in Education](#)
- [Early Years Foundation Stage \(EYFS\) statutory framework](#)

2.2 Definition

Intimate care is defined as any activity required to meet the personal care needs of each individual child. Intimate care can include:

- Feeding
- Oral care
- Washing
- Dressing / undressing
- Toileting / nappy changing
- Intimate hygiene
- Menstrual care
- Photographs
- Treatments such as enemas, suppositories, enteral feeds
- Catheter and stoma care

- Supervision of a child involved in intimate self-care.

3. Roles and responsibilities

3.1 St Dunstan's Education Group

The governing body has ultimate responsibility for monitoring this policy but will delegate day-to-day responsibility to the Chief Executive Officer (CEO) and the heads of the schools. The governing body has a duty to ensure that:

- All staff undergo child protection and safeguarding training, and ensure staff understand their expectations, roles and responsibilities around intimate care
- The Safeguarding Link Governor attends annual meetings with the Designated Safeguarding Lead (DSL) to discuss this policy alongside the broader safeguarding review.

3.2 The Heads of the schools

The Heads of the schools are responsible for ensuring that staff understand this policy, and that it is being implemented consistently across their schools.

3.3 The Designated Safeguarding Lead (DSL)

Details of the school's designated safeguarding lead (DSL) are set out in the Child Protection and Safeguarding Policy. The DSL has overall responsibility for ensuring that intimate care arrangements are safe, appropriate, and in line with safeguarding policies. In particular, the DSL will:

- Ensure that the Intimate Care Policy is implemented consistently and reviewed regularly
- Provide advice and guidance to staff where intimate care intersects with safeguarding concerns.
- Ensuring that any incidents related to intimate care are dealt with appropriately and in line with the school's Child Protection and Safeguarding Policy
- Ensure that any concerns arising from intimate care (including disclosures, injuries, or changes in behaviour) are recorded and acted upon in accordance with safeguarding procedures
- Liaise with external agencies where necessary, including children's social care, health professionals, and the local authority
- Ensure that appropriate training is available to staff involved in intimate care
- Advise on medical or health-related aspects of intimate care, including toileting, continence, personal hygiene and the management of medical conditions
- Support the development and review of individual intimate care plans where required
- Provide guidance or training to staff on safe, dignified and hygienic intimate care practices

- Liaise with healthcare professionals and parents/carers to ensure care arrangements meet the pupil's needs.

3.5 Staff

All staff involved in providing intimate care have a responsibility to ensure that it is carried out sensitively, respectfully, and in line with this policy. Staff must:

- Treat pupils with dignity, respect, and compassion at all times, promoting independence and pupil privacy wherever possible
- Follow agreed individual intimate care plans and any relevant medical guidance
- Maintain appropriate professional boundaries and ensure care is provided in a safe and suitable environment
- Record and report any concerns, unusual marks, injuries, or changes in behaviour in line with safeguarding procedures
- Not undertake intimate care unless it is an agreed part of their role, they have received appropriate guidance or training and feel confident to do so
- Seek advice from the DSL or First Aid Coordinator if they have concerns or are unsure about any aspect of intimate care.

3.6 Parents / carers

Parents and carers play a vital role in supporting safe and effective intimate care arrangements. They are expected to:

- Share relevant information about their child's needs, routines and preferences
- Work in partnership with the school to agree and review individual intimate care plans where appropriate
- Provide necessary resources (e.g. continence products, spare clothing) as agreed with the school
- Inform the school promptly of any changes in their child's needs or medical circumstances
- Raise any concerns about intimate care arrangements with the school in a timely and constructive manner.

4. Permission

4.1 Obtaining consent

For children who require routine or occasional intimate care (e.g. for toileting or toileting accidents) parents will be asked to sign a consent form (see Appendix A).

For children who have more complex needs or who need particular support outside of what's covered in the consent form, an intimate care plan will be created in discussion with parents / carers (see Appendix B).

Where there is not 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/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable. The school will inform the parents/carers in writing afterwards.

4.2 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 appropriate), and any relevant health care 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 is doubt whether the child is able to make an informed choice, the parents / carers will be consulted.

The plan will be reviewed annually, even if no changes are necessary, and updated whenever there are changes to pupil needs. See Appendix B for an Intimate Care Plan template which can be adapted accordingly.

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.

5. Role of staff involved in providing intimate care

5.1 Staff responsibility

Any roles that are expected to carry out intimate care will have this set out in their job description. This includes staff working in EYFS. Staff that do not have intimate care included in their job description cannot be required to provide intimate care but may volunteer to do so providing they are authorised and have the appropriate training and guidance.

All staff 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 detailed in the Group's Safer Recruitment Policy. Any new member of staff on a risk assessment ahead of receipt of the DBS will not be allowed to compete intimate care duties until the DBS has been received.

Some procedures must only be carried out by staff who have been formally trained and assessed e.g. enteral feeding and administering rectal diazepam.

Female members of staff may be allocated to change male pupils, or vice versa. However, the preference of the child will be taken into consideration wherever possible.

Staff working in the EYFS must balance the need for privacy and supervision ensuring that children are appropriately supervised without compromising dignity:

- Staff must consider whether it is necessary for them to enter the bathroom/toilet and view the child or whether they can stand at the door and verbally guide and reassure a child whilst facing elsewhere through the process of intimate hygiene/care and toileting
- When it is necessary for staff to physically assist a child with intimate hygiene/care and toileting, they must remain visible to another member of staff.

5.2 Staff training

Staff involved in intimate care 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.

Staff must be familiar with:

- The intimate care plan of the child they support
- The control measures set out in the relevant intimate care risk assessment
- Hygiene and health and safety procedures.

5.3 Arrangements

Before going to perform intimate care on a child, the member of staff allocated to that child must inform another member of staff where they are going, and leave doors open as much as privacy allows. In EFYS, another member of staff must be present. The comfort and care of the child should be a priority when choosing a location. When carrying out procedures, the school will provide staff with, as a minimum:

- Protective disposable gloves and apron (PPE)
- Cleaning supplies
- Changing mat (if relevant)
- Yellow hazardous waste bin
- Sealable bags for disposal of soiled clothing which will be clearly labelled and discretely returned to the parents/carers at the end of the day.

For pupils needing routine intimate care, where possible, the same member of staff will assist the same pupil each time they need support. Two or three members of staff will be trained per child to cover absences, emergencies and school trips. Where possible, these backups will be individuals known to the pupil.

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

Instances of intimate care are recorded on Medical Tracker and reported to parents / carers, if appropriate.

5.3 Safeguarding concerns

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 must report using the school's safeguarding procedures.

If a pupil is hurt accidentally, or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the DSL.

If during intimate care, the child appears to be sexually aroused, or misunderstands or misinterprets something, the staff member must reassure them, ensure their safety and report the incident immediate to the DSL and record on CPOMS.

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. The allegations 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 with any 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 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

The following procedures ensure that nappy changes are carried out safely, hygienically, and with respect for the child's dignity:

- Nappy changes will take place in a designated, private area
- Only trained and authorised staff will carry out changes
- Staff will follow strict hygiene practices, including gloves, aprons, and thorough handwashing
- Soiled nappies and wipes will be disposed of safely in sealed bags or designated bins
- Children will be encouraged to participate where possible to promote independence
- Each change will be recorded, including time, staff, and any observations (e.g., rashes)
- Any health, skin, or safeguarding concerns will be reported immediately to the DSL or First Aid Coordinator.

The school aims to meet the needs of all pupils and promote their welfare. No child is excluded from participating in our setting, who for any reason, may not be toilet trained and who may still be wearing nappies or equivalent. The school will work with parents / carers towards toilet training their child, unless there is a medical or other developmental reasons why this may not be appropriate.

Toilet training is a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults. It is the expectation of the school that children will be toilet trained and able to manage their own personal hygiene before starting Reception, however the school will support them with personal care, reminding them to go to the toilet and wash their hands to develop independence. As outlined in the Early Years Foundation Stage Curriculum, the school are responsible, in partnership with parents/carers, for children's personal care skills, as an essential part of Managing Self Care, in order to enable children to access the rest of the curriculum.

Where pupils are starting school without having been toilet-trained, staff will work with the parents / carers to agree on a care plan. The school will record the number of soiling incidents in school and liaise with pupil's parents / carers about:

- The outcomes of relevant medical appointments attended by the child
- Whether there is a change in the pattern of soiling incidents, at home or at school
- Whether the current plan is working.

5.5 Specific procedures for toileting accidents

Toileting accidents can occur for a range of developmental, medical, or emotional reasons. All pupils will be supported in a sensitive, respectful, and age-appropriate manner, with their dignity, privacy and wellbeing as the priority. The following principles guide the school's approach to managing toileting accidents in a safe, respectful, and supportive way:

- Managed calmly, discreetly, and with respect for the pupil's dignity, age and level of independence
- Assisted by those authorised and appropriately trained staff, following agreed intimate care arrangements
- Appropriate hygiene and infection control procedures, including the use of PPE
- Soiled clothing sealed and discretely returned to parents/carers, or disposed of in line with agreed procedures
- Recorded on Medical Tracker
- Any safeguarding concerns, injuries, or changes in behaviour reported immediately to the DSL.

Repeated or ongoing accidents will be monitored and discussed with parents/carers and relevant professionals

5.6 Management of menstrual care

The school recognises that pupils may need support and privacy to manage menstruation safely and comfortably. The school will:

- Provide a discreet, private space for changing and disposal of menstrual products
- Ensure access to menstrual products when needed, either from the pupil's own supplies or school-provided items
- Support pupils sensitively, respecting their dignity and promoting independence
- Follow hygiene and infection control procedures, including safe disposal of used products

- Offer sensitive and practical information to pupils about where sanitary products are and how to use and dispose of them correctly
- Record and report any safeguarding concerns, medical issues, or repeated difficulties to the DSL or First Aid Coordinator
- Work in partnership with parents/carers and the First Aid Coordinator for pupils with additional needs or medical conditions affecting menstrual care.

Age-appropriate education on menstrual hygiene will be provided as part of PSHE curriculum.

6. Monitoring arrangements

This policy will be reviewed by the DSL and Head of EYFS annually.

7. Links with other policies

This policy links to the following policies:

- Accessibility plan [school]
- Child Protection and Safeguarding [Group]
- Health and Safety [Group]
- SEND [school]
- Relationships and sex education [school]
- Supporting pupils with medical conditions [school]

Appendix A: template parent/carer consent form for EFYS

It is normal for young children to have toilet accidents from time to time and need changing. EYFS staff are experienced in changing children, and they can do this to make sure your child is comfortable. In the event that your child needs to be changed during the day, you will be notified with an email.

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carer	
Address and contact details	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	<input type="checkbox"/>
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)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>
<p>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).</p> <p>Instead, the school will contact me or my emergency contact(s) and I will organise for my child to be given intimate care (e.g. be washed and changed).</p> <p>I understand that if the school cannot reach me or my emergency contact(s), 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.</p>	<input type="checkbox"/>
Parent/carer signature	
Name of parent/carer	

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE

Relationship to child	
Date	

Appendix B: Intimate care plan template

Name of pupil	
Form	
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	
Is there an appropriate risk assessment for the procedure	
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	
Question for pupil: How many members of staff would you like to help?	
Question for pupil: Do you mind having a chat when you are being changed or washed?	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	

Date	
Signature of pupil (if appropriate)	
Date	

This plan will be reviewed annually.

Next review date:

To be reviewed by: