

BLACK HORSE HILL INFANT SCHOOL



Intimate Care Policy

24th November 2025

Approved by Committee _____

26th November 2025

Approved by Full Governing Body _____

C Brierley

Signed _____ (Chair)

J Morris

Signed _____ (Headteacher)

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Statement of intent

Black Horse Hill Infant School understands the importance of its responsibility to safeguard and promote the welfare of children.

Pupils may require assistance with intimate care as a result of their age or due to having special educational needs and disabilities (SEND). In all instances, effective safeguarding procedures are of paramount importance.

Black Horse Hill Infant School has developed this policy in order to ensure that all staff responsible for providing intimate care undertake their duties in a professional manner at all times, and treat children with sensitivity and respect.

The school is committed to providing intimate care for children in ways that:

- Maintain their dignity.
- Are sensitive to their needs and preferences.
- Maximise their safety and comfort.
- Protect them against intrusion and abuse.
- Respect the child's right to give or withdraw their consent.
- Encourage the child to care for themselves as much as they are able to.
- Protect the rights of all others involved.

1. Legal framework

1.1. This policy has due regard to the relevant legislation, including, but not limited to, the following:

- Equality Act 2010
- Safeguarding Vulnerable Groups Act 2006
- Childcare Act 2006
- Education Act 2002
- Education Act 2011
- The Control of Substances Hazardous to Health Regulations 2002 (as amended in 2004)

1.2. This policy has due regard to the relevant statutory guidance, including, but not limited to, the following:

- DfE 'Keeping children safe in education'

2. What is intimate care?

2.1. For the purpose of this policy, **"intimate care"** is the hands-on, physical care in personal hygiene, as well as physical presence or observation during such activities.

2.2. Intimate care includes the following:

- Body bathing other than to the arms, face and legs below the knee
- Application of medical treatment other than to the arms, face and legs below the knee
- Toileting, wiping and care in the genital and anal areas
- Dressing and undressing

3. Roles and responsibilities

3.1. Julie Morris is responsible for ensuring that intimate care is conducted professionally and sensitively by all appropriate members of staff.

3.2. Julie Morris is responsible for ensuring that the intimate care of all children is carefully planned, including individual plans following discussions with the parent/carer and the child.

3.3. Julie Morris is responsible for communicating with parents/carers in order to establish effective partnerships when providing intimate care to children.

3.4. The Headteacher is responsible for handling any complaints about the provision of intimate care in line with the school's Complaints Procedure Policy.

- 3.5. All members of staff who provide intimate care are responsible for undertaking intimate care practice respectfully, sensitively and in line with the guidelines outlined in this policy.
- 3.6. Parents/carers are responsible for liaising with the school to communicate their wishes in regards to the child's intimate care.
- 3.7. Parents/carers are responsible for providing their consent to the school's provision of their child's intimate care.
- 3.8. Parents/carers are responsible for adhering to their duties and contributions to their child's intimate care plan, as outlined in this policy.

4. Procedures for intimate care

- 4.1. Staff who provide intimate care will have a list of personalised changing times for the children in their care, which will be adhered to at all times and will be shared with parents/carers daily.
- 4.2. Staff who provide intimate care will conduct intimate care procedures in addition to the designated changing times if it is necessary; no child will be left in wet/soiled clothing or nappies.
- 4.3. If the designated member of staff for a child's intimate care is absent, a secondary designated member of staff will change the child adhering to the arranged times.
- 4.4. Each child using nappies will have a clearly labelled bag allocated to them in which there will be clean nappies, wipes and any other individual changing equipment necessary.
- 4.5. Before changing a child's nappy, members of staff will put on disposable gloves and aprons, and the changing area will be cleaned appropriately.
- 4.6. Hot water and liquid soap are available for staff to wash their hands before and after changing a nappy/underwear; the changing area will also be cleaned appropriately.
- 4.7. Any soiled clothing will be placed in a tied plastic bag in the child's personal bag and will be returned to parents/carers at the end of the school day.
- 4.8. Any used nappies and wipes will be placed in a tied plastic bag and disposed of appropriately.
- 4.9. Any bodily fluids that transfer onto the changing area will be cleaned appropriately in accordance with the Bodily Fluid Risk Assessment.
- 4.10. If a pupil requires cream, such as for a nappy rash, this will be provided in accordance with the Administering Medication Policy, and full parental consent will be gained prior to this.

- 4.11. Older children and those who are more able will be encouraged to use the toilet facilities and will be reminded at regular intervals to go to the toilet.
- 4.12. Members of staff will use the [Toilet Introduction Procedures](#), as outlined in the appendices of this policy, to get children used to using the toilet and encourage them to be as independent as possible.
- 4.13. Children will be reminded and encouraged to wash their hands after using the toilet, following the correct procedures for using soap and drying their hands.

5. Parental engagement

- 5.1. The school will liaise closely with parents/carers to establish individual intimate care programmes/Health Care Plan for each child which will set out the following:
- What care is required
 - Number of staff needed to carry out the care
 - Any additional equipment needed
 - The child's preferred means of communication, e.g. visual/verbal, and the terminology to be used for parts of the body and bodily functions
 - The child's level of ability, i.e. what procedures of intimate care the child is able to do themselves
 - Any adjustments necessary in respect to cultural or religious views
 - The procedure for monitoring and reviewing the intimate care plan
- 5.2. The information concerning the child's intimate care plan/Healthcare plan will be stored confidentially in Rachel McLeod's Office and only the parents/carers, SENCO, Class Teacher and the designated member of staff responsible for carrying out the child's intimate care will have access to the information.
- 5.3. The parents/carers of the child are required to sign the [Intimate Care Parental Consent Form](#) to provide their agreement to the plan; no intimate care will be carried out without prior parental consent.
- 5.4. In respect of the above, if no parental consent has been given and the child does not have an intimate care plan, but the child requires intimate care, parents/carers will be informed at the end of the day.
- 5.5. Any changes that may need to be made to a child's intimate care plan will be discussed with the parents/carers to gain consent, and will then be recorded in the written intimate care plan.
- 5.6. Parents/carers will be asked to supply the following items for their child's individual storage bag:

- **Spare nappies**
- **Wipes, creams, nappy sacks, etc.**
- **Spare clothing**
- **Spare underwear**

6. Safeguarding procedures

- 6.1. The school adopts rigorous safeguarding procedures in accordance with the Safeguarding Policy and will apply these requirements to the intimate care procedures.
- 6.2. The school will ensure that all adults providing intimate care have undergone an enhanced DBS check (which includes barred list information) enabling them to work with children.
- 6.3. All members of staff will receive safeguarding training on an annual basis, and receive child protection and safeguarding updates as required, but at least annually.
- 6.4. All members of staff are instructed to report any concerns about the safety and welfare of children with regards to intimate care, including any unusual marks, bruises or injuries, to the DSL in accordance with the school's Safeguarding Policy.
- 6.5. Any concerns about the correct safeguarding of children will be dealt with in accordance with the Safeguarding Policy and the Allegations of Abuse Against Staff Policy.

7. Monitoring and review

- 7.1. This policy will be reviewed annually by the Headteacher (DSL), SENDCo and the Foundation Stage Leader who will make any changes necessary and communicate these to all members of staff.
- 7.2. All members of staff are required to familiarise themselves with this policy as part of their induction programme.

Intimate Care Parental Consent Form

This form is to be completed by the early years foundation stage leader, SENCO or the Class Teacher and signed by parents/carers.

Name of child:		Date of birth:	
Name of class teacher:		Class:	

Care requirements, including frequency:

The table below outlines the member of staff responsible for carrying out your child's intimate care programme, as well as the member of staff responsible in their absence:

Name of staff member:	
Name of staff member (in the above staff member's absence):	

Where will the intimate care be carried out?

What equipment/resources will be required?

What infection control procedures are in place?

What disposal procedures are in place?

What actions will be taken if any concerns arise?

What do parents/carers need to provide?

What are the reporting procedures for parents/carers?

I have read the Early Years Intimate Care Policy provided by Black Horse Hill Infant School and I agree to the intimate care plan outlined above:

Signature of parent/carer:		Date:	
Signature of Class Teacher:		Date:	

Toilet Introduction Procedures

As children develop bladder control, they will pass through the following three stages:

1. The child becomes aware of having wet and/or soiled pants
2. The child knows that urination/defecation is taking place and is able to alert a member of staff
3. The child realises that they need to urinate/defecate and alerts a member of staff in advance

During these stages, members of staff will assess the child over a period of two weeks to determine:

- If there is a pattern to when the child is soiled/wet.
- The indicators that the child displays when they need the toilet, e.g. facial expressions.

Staff will implement the following strategies to get children used to using the toilet and being independent:

- Familiarise the child with the toilet, washing their hands, flushing the toilet and reference other children as good role-models for this practice
- Encourage the child to use the toilet when they are using their personal indicators to show that they may need the toilet
- Take the child to the toilet at a time when monitoring has indicated that this is when they would usually need the toilet
- Ensure that the child is able to reach the toilet and is comfortable doing so
- Stay with the child and talk to them to make them more relaxed about using the toilet
- Don't force the child to use the toilet if they don't want to, but still encourage them to do so using positive language and praise
- Deal with any accidents discreetly, sensitively and without any unnecessary attention
- Be patient with children when they are using the toilet, and use positive language and praise to encourage them