



# Intimate Care Policy

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<b>Version Number</b>	Version 1
<b>Date Approved/Reviewed</b>	April 2024
<b>Date of Next Review</b>	September 2025
<b>Approved By</b>	Education and Standards Committee

<b>Policy Category</b> (Please Indicate)	1	Academy to implement without amendment
	2	Academy specific appendices
	3	<b>Academy personalisation required (in highlighted fields)</b>



## Summary of Changes from Previous Version

Version	Date	Author	Summary of Updates
V1	18.03.2024	Matt Copestick- Strategic Safeguarding Leader  Julie Watson – Trust Lead SENDCO	New Policy



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## 1. Rationale

Intimate care is needed by a very small number of pupils. However, for those who need it, it is vital that we have a clear policy and guidance in place. This policy tells you how we meet intimate care needs at our inclusive academy.

If you have any questions about anything in this policy, please contact Sophie Scurfield on 01302 230700  
[s.scurfield@carrlodgeacademy.org.uk](mailto:s.scurfield@carrlodgeacademy.org.uk)

In this policy, we use the term “parent” to cover both parents and anyone who acts in the parent role, including carers.

## 2. Defining Intimate Care

It’s important for staff to understand the difference between **personal care** and **intimate care**.

### **Personal care**

This means tasks that involve touching or exposure of a pupil’s body, not including a pupil’s private parts. It often involves hygiene, food or appearance. It can include:

- skin care
- external medication
- oral feeding
- hair care
- dressing and undressing (not including underwear)
- brushing teeth
- washing non-private body parts

### **Intimate care**

This means tasks involving bodily functions, body products, and personal hygiene and that need direct or indirect contact with, or exposure, of a pupil’s private areas. It includes:

- dressing and undressing (that includes underwear)
- helping with the use of the toilet
- changing continence pads (or nappies)
- showering (e.g. a wheelchair user on a residential trip)
- washing intimate and personal parts of the body



- changing sanitary towels or tampons
- administering some medications or first aid


### 3. Pupils that might need intimate care

Most commonly it is pupils who have:

- Physical difficulties (e.g. cerebral palsy, muscular dystrophy)
- Medical needs (e.g. new (or young) pupils who have a stoma)
- A significant learning or developmental difficulty (e.g. severe learning difficulty, complex autism, Down syndrome).

However, there is a small chance that any pupil might need support for intimate care at some point in their school life.

**Intimate Care Explained for Children & Young People**



**Personal Care** is when adults provide me with care that involves touching or exposing these areas.

**Intimate care** is when adults provide me with care that involves touching or exposing these areas.

A visual that explains the idea of intimate care in a straightforward way for pupils.

#### 3.1 Pupils that might not need intimate care

It is difficult to give a definitive list of pupils that may be assumed to need intimate care but actually do not.

Below are examples of intimate issues that aren't intimate care (because there's no exposure or contact with the pupil's private parts).

- **An 11 year old girl, who has no SEND, tells us that she thinks she is having her first period.** She's only noticed it today. First periods are not likely to be heavy, so a familiar female staff member gives advice on using folded toilet paper to catch the blood for now. The girl is able to do this without needing the adult to accompany her into the toilet. We call parent to inform them and agree what we do next.
- **A boy, who has Down syndrome, who goes to the toilet but gets distracted.** He can take up to 20 minutes in the toilet. A teaching assistant goes to the toilet door and gives verbal prompting (e.g.



“Have you nearly finished?” “Remember... trousers up before you open the door”).

In the second example, even though we aren't providing intimate care, we might still have an intimate care plan (ICP). This is because we are making adjustments to how he provides his own intimate care (by providing through the door supervision and prompts).

## 4. Roles and responsibilities

### **Our principal makes sure that...**

- We have an intimate care policy and we publish it.
- We have adequate staffing to meet all intimate and personal care needs, including when key staff are absent.
- All staff are aware of this policy.
- Staff are appropriately trained (e.g. moving and handling, medical procedures if needed).
- Where hoists, changing tables and similar items are fitted, we have procedures ensure that these are safe and safely maintained.

### **Our SENDCo makes sure that...**

- As far as possible, we consult pupils about plans for their care.
- We tell pupils who will provide the care and who to talk to if they have any worries.
- We consider any religious or cultural sensitivities when we write ICPs.
- We keep a stock of everything we need (e.g. disposal bags, gloves, aprons) and our procedures allow quick ordering when we need more.
- We review this policy at least every three years, for approval by the principal.

### **Parents make sure that they...**

- Tell us about any known intimate care needs.
- Work in partnership with us (and any health workers) to agree their pupil's intimate care arrangements.
- Make sure we are always supplied with enough clean clothing, nappies/pads/pull ups and any other special items needed.
- Clean and return any spare clothes as soon as possible.

### **Staff make sure that they...**

- Are respectful, professional and sensitive.
- Discuss what we are doing in a friendly and reassuring way with the pupil during the whole process.
- Use agreed terms (e.g. bottom, penis, vagina, private parts).
- Allow the pupil a choice in the sequence of care, where possible.



- Use visuals, if these normally support the pupil.
- Problem solve issues (e.g. using a battery-powered projector ball in an accessible toilet to help a child with SEND to be more relaxed and more cooperative).
- Work in partnership with parents and keep parents informed.
- Plan for intimate care needs when organising trips or special events.



### **Pupils...**

We encourage the pupil to try to be as independent as possible. This is different for each pupil but we may ask or prompt a pupil to:

- Remove soiled items of clothing: "Ok... Trousers and socks off please."
- Clean themselves: "Use the tissue to wipe your bottom."
- Dress using clean spare clothes: "Ok... clean trousers on."
- Wash their own hands: "Next... please wash your hands."

We do not ask pupils to clean surfaces.

Pupils can tell us if they are uncomfortable with a particular carer. Staff should take no insult from this, as they will see it from the pupil's point of view and recognise that the pupil's dignity is paramount. For example, they may have views about the gender of the carer – we aim to respect this.

### **Teachers...**

- Help to write and review ICPs.
- Are not directed to fulfil any intimate and personal care tasks, or to supervise or accompany support staff who are carrying out these roles.
- Do sometimes support pupil's care needs (e.g. helping in an accident, emergency, trip etc) - this is voluntary and is not directed.
- Always still have a 'duty of care' to our pupils.

### **Governors...**

- Delegate duties to the principal to approve and deliver this policy.

### **Supply teachers, supply TAs, student teachers, childcare students and volunteers...**

- Do not have any role in providing intimate care.



## 5. Staff training

For basic care (such as that normally provided by a parent), training may just be reading this policy and then talking through the pupil's Individual Care Plan (ICP) with a member of the school leadership team.

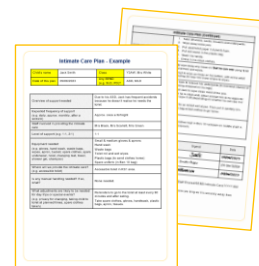
For more specialist care, we may seek training from health workers (e.g. the school nurse, occupational therapy).

For very specialist care (e.g. cases of catheters or stomas), we will seek training from an expert. The parent may often be able to put us in touch with the pupil's specialist health worker, or we may go via the school nurse to find the right team.

## 6. Individual Care Plans

We use intimate care plans (ICPs) for any pupil who we know will need intimate care. You can see a blank plan and an example plan at the end of this policy.

Plans are written by adults who best know the pupil's needs. This can include teachers, support staff or the SENDCo. Health workers and parents and, often, the pupils are also involved in the process.



We review ICPs in termly review meetings – often during SEND meetings (if the pupil also has SEND). Any tweaks, major changes or decisions to end the plan are made in partnership with parents.

When we have reviews, we do not always need to change the plan because, if things needed changing, we have often already discussed this with parents and agreed updates to the ICP.

## 7. Staffing and ratios

One member of staff is normally enough. If more than one member of staff is needed for routine care, this will be written in the ICP (e.g. *two staff needed to transfer Jack from wheelchair to toilet*).

It is important to try to strike a balance: not drawing on too large a pool of staff, but avoiding a pupil becoming over-dependent on one person. Therefore, there may be two or three familiar staff who are named in the ICP as the key carers. Then, if the person who normally provides the care that day is not available, there are other identified staff who can competently provide the care.





**In deciding on level of adult support (1:1 or 2:1), we consider:**

- The type and complexity of the pupil's intimate care needs, SEND or behaviour.
- Any moving and handling needed (e.g. to move a pupil from a wheelchair to a toilet).
- Any known history of allegations against staff or the pupil.
- The 'newness' of the issue: We are more likely to have a second person in the early days of an ICP so colleagues can support each other and share good practice.

If it is necessary to give a child assistance, adults will always do so openly and in sight of another adult unless an ICP has been approved and signed by both school and a parent.

Even when an ICP is in place, if a member of staff is providing the care alone, they will always tell a colleague before they begin every episode of intimate care. This should be done in a way that is suitably discreet – taking into account who may overhear and the need to retain dignity for the pupil. Telling a colleague before every episode may seem onerous, but is an important part of safeguarding both the child and adult.

## 8. Safeguarding

**Staff must:**

- Follow ICPs and report if they think that an ICP may need updating.
- Encourage pupils to care for themselves as far as possible.
- Minimise physical contact (i.e. staff use what's needed to provide the care and no more).
- Be responsive to the pupil's reactions.
- Give the pupil privacy that's appropriate to their age and the situation.
- Be aware that some pupils with physical disabilities (e.g. cerebral palsy) are prone to unpredictable movements (due to over/under tight muscles).
- (Where intimate care is given and there is no plan in place) provide care in the sight of a second member of staff.
- Record all episodes of intimate care using the agreed system.
- Seek help if they are unsure of anything.
- Manage any medication in line with the academy's policy on managing medicines.
- Report any concerns about a pupil to our Designated Safeguarding Lead (DSL) or a Deputy DSL. This includes any soreness, changes in behaviour, a pupil accidentally hurt during intimate care or a pupil showing signs of sexual arousal.
- Report any concerns about a colleague's intimate care practice to the principal, or if they are not available, to the Vice Principal.

Leaving a pupil in soiled clothing is not acceptable practice. It is not generally acceptable to require parents, or otherwise make them feel obliged, to attend school to provide support to their child with toileting issues.



If concerns are raised about a pupil or member of staff, our DSL follows our Safeguarding Policy which outlines how we manage allegations against adults who work with pupils.

When touching a pupil, staff should always be aware of the possibility of invading a pupil's privacy and will always endeavour to respect the pupil's wishes and feelings.

Staff need to be aware of the risk of allegations being made. By following this policy staff will minimise this risk.

## 9. Toilet Training

We do not routinely toilet train pupils. Unless a pupil has a special educational need / disability (SEND) or medical condition, it is expected that parents have trained their pupils to be clean and dry by the time they start compulsory schooling.

An admission policy that sets blanket rules for toilet training for all pupils is discriminatory. We have no such policy. **But we do expect that, where a pupil has no relevant SEND or medical condition, they are toilet trained before starting school.** Parents want their pupils to be independent and confident – being clean and dry is an important part of this for young children.

In Early Years and Key Stage 1 provision, it is not uncommon for pupils to have infrequent "accidents." This is not the same as not being toilet trained at all. We are prepared for such events because we:

- Have spare clothes to fit different pupils (or use the pupil's PE kit).
- Make sensible decisions about the level of verbal instruction vs physical help with changing clothing and cleaning.
- Generally, encourage as much independence as possible.
- Do all the above in a private space.

On rare occasions, we work jointly with parents on a toilet training programme into KS1. If a pupil without SEND or medical condition is not toilet trained, then a suitable ICP will be agreed that helps them to be independent.

## 10. Foundation Stage Units

In some Foundation Stage cohorts, there may be more than one pupil who needs regular help with toileting. If so, staff may use a Foundation Stage ICP which covers all (or most) of the pupils and is shared with relevant parents. This should be reviewed termly. If changes are made, then the updated plan must be shared with

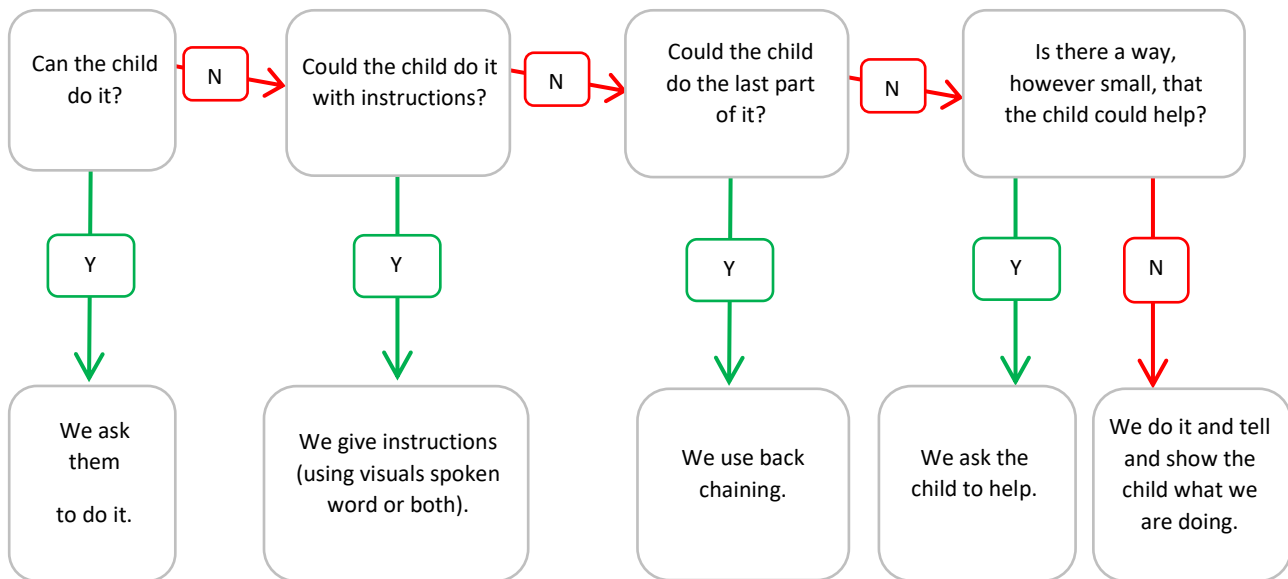
relevant parents again. If no changes are made, it does not need resending to parents. An example of a Foundation Stage ICP is given in the appendices – this can be tailored to the individual Foundation Stage.

Even if there is a Foundation Stage ICP, some children may still need their own ICP (e.g. to reflect their cerebral palsy, or dysregulated behaviour).

Each child covered by the Foundation Stage ICP will have their **own** record of intimate care. This will log date, time, adult and any notes (procedure and whether child was wet, soiled, both or dry).

Date	Time	Staff Signature(s)	Notes / Comments
01/04/2026	2.35pm	A Scarlett	Nappy change. Was dry.
02/04/2026	8.42am	A Scarlett	Changing nappy – had accident on way to school. Changed trousers.
02/04/2026	11:30am	A Scarlett	Nappy Change. Had soiled.
02/04/2026	2.15pm	M Green	Nappy change. Was dry.

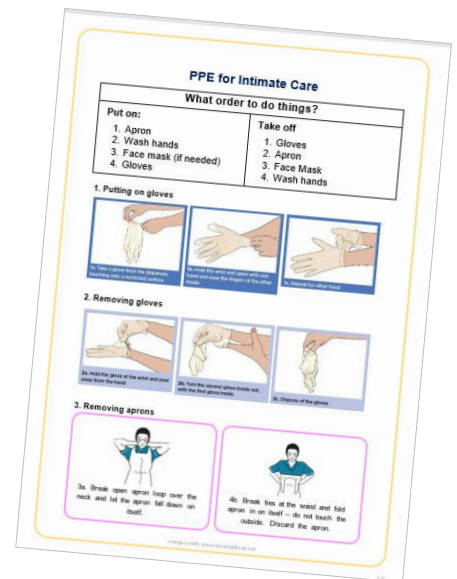
Foundation Stage staff will encourage pupils to do as much as possible themselves to help them to be more grown up and have the dignity of being toilet trained. How much we ask a pupil to do will depend on the individual pupil. For those with SEND, this might only be to learn to pull their own trousers up. Either way, we are aspire to the very fastest progress.





## 11. Hygiene

When providing intimate care, we take steps to ensure hygiene and avoid infection. This means we follow basic procedures such as wearing PPE (disposable gloves and aprons) and washing hands before and after care.



Any soiled waste that can be flushed, is flushed down the toilet.

Sanitary products can't ever be flushed away and these must go in the special bin.

Used PPE is put in a tied plastic bag and put in a separate, designated bin for this. The same approach is taken for other non-flushable waste (e.g. wet wipes).

Soiled clothing is put in a tied plastic bag (or a tied double plastic bag), unwashed, to be sent home with the pupil.

There may be a need to clean surfaces after the care is given. This is likely to be in the ICP (under 'Key staff will...'), but staff will use their judgement as there may sometimes be surfaces to spray and wipe down even if not anticipated in the ICP.

This policy has poster to follow for PPE. This should be displayed in the space(s) that intimate care is usually given.

## 12. Moving and Handling

"Moving and handling" refers to tasks that need staff to move some or all of a pupil's weight. This can include lifting, putting down, pulling and carrying a pupil.

If moving & handling is needed, we must consider safer handling (i.e. how we lift and move pupils safely). To safeguard pupils and staff, we may seek extra advice on this. For example, we may contact Heatherwood School (a special school that has experienced trainers).

Staff using moving and handling will be trained and the methods that we use will be in a written plan (agreed between us, parents and any specialist staff (e.g. an Occupational Therapist)).



## 13. Policy Review

1. To ensure consistency, this is our only policy for Intimate Care.
2. The trust reviews this policy every three years – or sooner if needed.
3. The SENDCo or Principal make any adjustments to the trust’s template to reflect their academy (e.g. arrangements for soiled waste).
4. Governors can ask to consider this policy at any time, but it is delegated to the principal unless there is a request from governors.
5. This policy is then published on the academy website.

## 14. Laws and Guidance

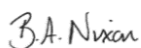
The vital documents that have guided the creation of this policy are:


- **Children and Families Act (2014)**, e.g. we must make best endeavours to meet a pupil’s medical needs.
- **Equality Act (2010)**, e.g. we need to make reasonable adjustments, and anticipate what might be needed where possible.
- **Children’s Act (2004)**, e.g. we must have regard to safeguarding pupils and promoting their welfare.
- **Health and Safety at Work Act (1974)**, e.g. we must take reasonable steps to prevent staff and pupils from being exposed to health and safety risks.
- **Trust Safeguarding Policy**, i.e. has an overview of safeguarding policy re intimate care.

We also considered local guidance from Doncaster Council: “*Intimate and Personal Care, Model Guidance for Education Settings and Short Break Provision*” (2016):

<https://dmbcwebstolive01.blob.core.windows.net/media/Default/ChildrenYoungPeopleFamilies/Local%20Offer/Infant/Intimate%20and%20Personal%20Care%20Local%20Guidance%20%28Sept%202016%29.doc>

Policy Agreed: April 2024

Signed CEO: 

Signed: Chair of Directors: 

Policy to be reviewed in September 2024



## 15. Appendix A – Intimate Care Plan (ICP)

### Intimate Care Plan

Pupil name		Class	
Date of this plan		Any SEND (e.g. SLD, PD)?	

Overview of support needed	
Expected frequency of support (e.g. daily, approx. monthly, after a seizure)	
Staff involved in providing the intimate care	
Level of support (e.g. 1:1, 2:1)	
Equipment needed (e.g. gloves, hand wash, waste bags, wipes, apron, bucket, spare clothes, spare underwear, hoist, changing mat, towel, shower gel, shampoo)	
Where will we provide the intimate care? (e.g. accessible toilet)	
Is any manual handling needed? If so, what do staff need to know?	
Are any adjustments likely to be needed for day trips or special events? (e.g. privacy for changing, taking pupil to toilet at planned times, spare clothes taken)	



Intimate Care Plan (Continued)	
Pupil can already:	
Pupil will try to: (What are the next steps, if any, towards being independent)	
Key staff will:	
Are parents providing supplies and where will we keep these? (e.g. pads, catheters, spare uniform)	

I agree to this plan...	Signed	Date
Pupil (if not appropriate put N/A)		
Parent / Carer		
SENDCo or class teacher		

- Completed plans should be saved as:  
[https://drive.google.com/drive/folders/1NdPalf8uYdj8joC5srEYbcMHqkyGOcFe?usp=drive\\_link](https://drive.google.com/drive/folders/1NdPalf8uYdj8joC5srEYbcMHqkyGOcFe?usp=drive_link)
- Google Drive – SENCo – Intimate Care Plans

A paper copy may be kept in the classroom (as long as it is securely away from pupils, parents or visitors).



## 16. Appendix B – ICP example

Name	Jack Smith	Class	Y3AW: Mrs White
Date of this plan	09/06/2024	Any SEND (e.g. SLD, PD)?	ASD, MLD

Overview of support needed	Due to his ASD, Jack has accidents because he doesn't realise that he needs the toilet.
Expected frequency of support (e.g. daily, approx. monthly, after a seizure)	Approx. once a fortnight
Staff involved in providing the intimate care	Mrs Black, Mrs Scarlett, Mrs Green
Level of support (e.g. 1:1, 2:1)	1:1
Equipment needed (e.g. gloves, hand wash, waste bags, wipes, apron, bucket, spare clothes, spare underwear, hoist, changing mat, towel, shower gel, shampoo)	Small & medium gloves & aprons Hand wash Waste bags Toilet roll and wet wipes Plastic bags (to send clothes home) Spare uniform (in Ben 10 bag)
Where will we provide the intimate care? (e.g. accessible toilet)	Accessible toilet in KS1 area.
Is any manual handling needed? If so, what do staff need to know?	None needed.
Are any adjustments likely to be needed for day trips or special events? (e.g. privacy for changing, taking pupil to toilet at planned times, spare clothes taken)	Reminders to go to the toilet at least every 90 minutes and after eating. Take spare clothes, gloves, handwash, plastic bags, apron, tissues.





<b>Intimate Care Plan (Continued)</b>	
Pupil can already:	<ol style="list-style-type: none"> <li>1. Take off shoes, socks, trousers and underpants.</li> <li>2. Wipe away some poo.</li> <li>3. Put used toilet paper in toilet &amp; flush.</li> <li>4. Put wet wipes in the plastic bag.</li> <li>5. Wash his hands.</li> <li>6. Dress in his clean clothes.</li> </ol>
Pupil will try to: (What are the next steps, if any, towards being independent)	<p><b>Fully</b> wipe away any mess on <b>that he can see</b> using toilet roll and then wet wipes.</p> <p>Attempt to wipe up mess on his bottom, with some adult prompting (to help him know where to wipe).</p>
Key staff will:	<p>Help Jack to remove his underpants (to minimise chance of poo being smeared on his legs).</p> <p>Prompt Jack to wipe clean most of the poo.</p> <p>Check he is clean and, either prompt him to try again for bits or wipe it off (depending on whether he can see it or not).</p> <p>Bag &amp; tie up soiled wet wipes. Then put in sanitary bin.</p> <p>Double bag soiled clothes to go home.</p> <p>Clean and wipe surfaces with cleaning materials provided.</p>
Are parents providing supplies and where will we keep these?(e.g. pads, catheters, spare uniform)	Spare clothes kept in Ben 10 rucksack on middle shelf in class storeroom.

I agree to this plan...	Signed	Date
Pupil (if not appropriate put N/A)	Jack	09/06/2023
Parent / Carer	A.M. Smith-Regis	09/06/2023
SENDCo or class teacher	S. Williamson	09/06/2023

- Completed plans should be saved as:

<https://drive.google.com/drive/folders/1NdPalf8uYdj8joC5srEYbcMHqkyGOcFe?usp=drive>



[link](#)

A paper copy may be kept in the classroom (as long as it is securely away from pupils, parents or visitors).

## 17. Appendix C – Foundation Stage Unit ICP

Carr Lodge Academy			
Date of this plan		Who wrote this plan?	

Overview of support needed	
Staff involved in providing the intimate care	
Level of support (e.g. 1:1, 2:1)	
Equipment needed	
Where will we provide the intimate care?	
Is any manual handling needed? If so, what do staff need to know?	
Are any adjustments likely to be needed for day trips or special events? (e.g. privacy for changing, taking pupil to toilet at planned times, spare clothes taken)	



<b>Intimate Care Plan (Continued)</b>	
Pupil can already:	<ol style="list-style-type: none"> <li>1. Use step to access changing table.</li> <li>2. Take off shoes and trousers.</li> <li>3. Wash own hands (with supervision).</li> </ol>
Pupil will try to:	<p>Go to the toilet when prompted.            Go to the toilet if they feel they are about to wee or poo.            Attempt to wipe up mess on own bottom.            Undress and dress independently (e.g. own pants down and up).</p>
Key staff will:	<p>Help child with toileting.            Support or prompt child to do as much as possible themselves.            Bag &amp; tie up soiled wet wipes. Then put in sanitary bin.            Bag up any soiled clothes to go home.            Clean and wipe surfaces with cleaning materials provided.</p>
Are parents providing supplies and where will we keep these?	<p>Parents will provide nappies/pull ups and spare uniform.            These kept in in named bags on top shelf in FS1 accessible toilet.</p>

**Parent/Carer Consent**

I consent to the above plan

Child's Name		Parent/Carer Name	
Parent/Carer Signature		Date	



**Office use only**

Please scan and upload plans

[https://drive.google.com/drive/folders/1NdPalf8uYdj8joC5srEYbcMHqkyGOCFe?usp=drive\\_link](https://drive.google.com/drive/folders/1NdPalf8uYdj8joC5srEYbcMHqkyGOCFe?usp=drive_link)



## 18. Appendix D – Record of Intimate Care

Pupil's name		Class	
Type(s) of care needed			

Date	Time	Staff Signature(s)	Notes / Comments

### Notes

Start a new sheet at the start of every term or once this sheet is full. When starting a new sheet, scan the old one and log it onto CPOMS. Then dispose of this sheet as confidential waste.



## 19. Appendix E – PPE for intimate care

<p>Put on sequence:</p> <ol style="list-style-type: none"><li>1. Apron</li><li>2. Wash hands</li><li>3. Gloves</li></ol>	<p>Take off sequence:</p> <ol style="list-style-type: none"><li>1. Gloves</li><li>2. Apron</li><li>3. Wash hands</li></ol>
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### 1. Putting on gloves



1a. Take a glove from the dispenser, touching only a restricted surface



1b. Hold the wrist end open with one hand and ease the fingers of the other inside



1c. Repeat for other hand

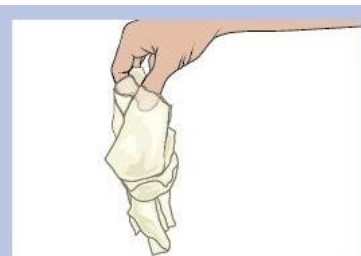
### 2. Removing gloves



2a. Hold the glove at the wrist and peel away from the hand



2b. Turn the second glove inside out, with the first glove inside



2c. Dispose of the gloves

### 3. Removing aprons



3a. Break open apron loop over the neck and let the apron fall down on itself.



4b. Break ties at the waist and fold apron in on itself – do not touch the outside. Discard the apron.