



Silsden
Primary School

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Intimate Care Policy

(Incorporating EYFS Intimate Care)

Approved: November 2024

Review Date: November 2025

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1. Statement of intent

Silsden Primary School takes the health and wellbeing of its pupils very seriously. As described in the Supporting Pupils with Medical Conditions Policy, the school aims to support pupils with physical disabilities and illnesses to enable them to have a full and rich academic life whilst at school.

The governing board recognises its duties and responsibilities in relation to the Equality Act 2010, which states that any pupil with an impairment affecting their ability to carry out normal day-to-day activities must not be discriminated against.

Pupils will always be treated with care and respect when intimate care is given.

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 can.
- Protect the rights of all others involved.

2. Legal framework

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

- Children and Families Act 2014
- Education Act 2011
- Health Act 2006
- Equality Act 2010
- DfE 'Keeping children safe in education'

This policy will be implemented in conjunction with the school's:

- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Child Protection and Safeguarding Policy
- Staff Code of Conduct
- Whistleblowing Policy
- Administering Medication Policy

3. Definitions

For the purpose of this policy, intimate care is defined as any care which may involve the following: It is the hands-on, physical care in personal hygiene, as well as physical presence or observation during such activities.

These activities include;

- Washing
- Touching
- Carrying out an invasive procedure
- Changing a child who has soiled themselves
- Providing oral care
- Feeding
- Assisting in toilet issues
- Providing comfort to an upset or distressed pupil

Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of, the genitals.

Examples of intimate care include support with dressing and undressing (underwear), changing incontinence pads, nappies or medical bags such as colostomy bags, menstrual hygiene, helping someone use the toilet, or washing intimate parts of the body.

Pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

4. Health and safety

The Health and Safety Policy lays out specific requirements for cleaning and hygiene, including how to deal with spillages, vomit and other bodily fluids.

Staff will follow the relevant risk assessment for the provision of intimate care. See appendix B.

Any member of staff that is required to assist a pupil with changing a medical bag will be trained to do so and will carry out the procedure in accordance with the Supporting Pupils with Medical Conditions Policy.

Staff will wear disposable gloves while assisting a pupil in the toilet or while changing a nappy, incontinence pad or medical bag.

Soiled nappies, incontinence pads and medical bags will be securely wrapped and disposed of appropriately.

Where one pupil requires intimate care/toileting, nappies, incontinence pads and medical bags will be disposed of in an ordinary bin, as per health and safety guidelines.

The changing area or toilet will be left clean.

Hot water and soap are available to wash hands.

Paper towels/Hand dryer are available to dry hands.

5. Staff and facilities

Staff members who provide intimate care are fully aware of best practice. If a child's intimate care needs are related to specific medical conditions, training will be provided. Suitable equipment and facilities will be provided to assist pupils who need special arrangements following assessment from a physiotherapist, occupational therapist or other professional. This may include the following:

- Adjustable bed
- Changing mat
- Non-slip step
- Cupboard

- Adapted toilet seat or commode seat
- Swivel mat
- Disposable gloves/aprons
- Nappies, pads and medical bags
- Tissue rolls (for changing mat/cleansing)
- Baby wipes (COSHH approved brands only)
- Barrier creams
- Antiseptic cleanser for staff
- Antiseptic cleanser for the changing bed/mat
- Clinical waste bag
- Spillage kit

Mobile pupils will be changed while standing up and where possible will change themselves.

Pupils who are not mobile will be changed on a purpose-built changing bed or changing mat on the floor.

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 or menstruation.

6. Procedures for intimate care

No child will be left in wet/soiled clothing or nappies if consent to administer intimate care has been received from parents.

All intimate care will only be undertaken in the two designated changing areas. Nurse's toilet and hygiene room.

Each child using nappies will have a clearly labelled box/bag allocated to them in which there will be clean nappies, wipes and any other individual changing equipment necessary.

Before changing a child's nappy, members of staff will put on disposable gloves and aprons, and the changing area will be cleaned appropriately using disposable blue roll paper and soap and hot water.

Hand sanitiser /Hot water and liquid soap are available for staff to wash their hands before and after changing a nappy.

The changing area has a hot air dryer/paper towels available for members of staff to dry their hands.

Any soiled clothing will be placed in a tied plastic bag in the child's personal box/bag and will be returned to parents at the end of the school day.

Any used nappies will be placed in a tied plastic bag and disposed.

Any bodily fluids that transfer onto the changing area will be cleaned appropriately.

If a pupil requires cream or other medicine, 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.

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.

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.

7. School Responsibilities

Arrangements will be made where necessary with a multi-agency to discuss the personal care needs of any pupil prior to them attending the school.

Pupils who require intimate care will be involved in planning for their own healthcare needs wherever possible.

In liaison with the pupil and parents, an individual intimate care plan will be created to ensure that reasonable adjustments are made for any pupil with a health condition or disability.

Regular consultations will be arranged with all parents and pupils regarding toilet facilities.

The privacy and dignity of any pupil who requires intimate care will be respected at all times.

Where possible, intimate care will be carried out by two members of staff. Where this is not possible, other staff will be informed that intimate care is taking place and this will not take place behind a closed door.

A member of staff will change the pupil, or assist them in changing themselves if they become wet, or soil themselves.

Any pupil with wet or soiled clothing will be assisted in cleaning themselves and will be given spare clothing, nappies, pads, etc., as provided by the parents.

Members of staff will react to accidents in a calm and sympathetic manner.

Accurate records of times, staff, and any other details of incidents of intimate care will be kept. Planned incidents of intimate care will be recorded and logged on

a daily basis in the designated folders in the intimate care rooms. Unplanned incidents will be recorded on Medical Tracker and parents will be informed.

Arrangements will be made for how often the pupil should be routinely changed if the pupil is in school for a full day, and the pupil will be changed by a designated member of staff.

Parents should provide general consent for school staff to provide intimate care at any time for their child. This mitigates the need to contact for consent each time intimate care is provided. Parents will be informed and incidents will be recorded on medical tracker.

The family's cultural practices will always be taken into account for cases of intimate care.

Parents will be contacted if the pupil refuses to be changed, or becomes distressed during the process.

Excellent standards of hygiene will be maintained at all times when carrying out intimate care.

8. Parental Responsibilities

The parents are required to give consent via Arbour if they wish school staff to carry out unplanned intimate care on their child.

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 unplanned intimate care, parents will be contacted by phone and required to come to school and administer the intimate care themselves. You will be unable to give consent at this point over the phone.

If a child requires planned intimate care, then parents must contribute to and sign a Intimate Health Care Plan (IHCP) before any care can be given.

If parents can't be contacted to gain consent, then express consent will be given by a member of the school's SMT so that pupil welfare is maintained.

Parents will provide spare nappies, incontinence pads, medical bags, wet wipes and a change of clothing in case of accidents.

Parents will inform the school should their child have any marks/rashes.

Parents will come to an agreement with staff in determining how often their child will need to be changed, and who will do the changing.

9. Safeguarding

The school adopts rigorous safeguarding procedures in accordance with the Child Protection and Safeguarding Policy and will apply these requirements to the intimate care procedures.

Intimate care is a regulated activity; therefore, only members of staff who have an enhanced DBS certificate with a barred list check are permitted to undertake intimate care duties.

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 Whistleblowing Policy.

Wherever possible, staff involved in intimate care will not be involved in the delivery of sex education to the pupils in their care as an extra safeguard to both staff and pupils involved.

Individual intimate care plans will be drawn up for pupils as appropriate to suit the circumstances of the pupil. These will be stored on the medical tracker system.

Each pupil's right to privacy will be respected. Careful consideration will be given to each pupil's situation to determine how many carers are to be present when the pupil requires intimate care.

10. Swimming

Pupils in Year 4 regularly participate in swimming lessons. During these lessons, pupils are entitled to privacy when changing; however, some pupils will need to be supervised during changing.

Parental consent will be obtained before assisting any pupils in changing clothing before and after swimming lessons. This will be recorded on an IHCP.

Details of any additional arrangements will be recorded in the pupil's individual intimate care plan.

11. Offsite Visits

Before offsite visits, including residential trips, the pupil's individual intimate health care plan will be amended to include procedures for intimate care whilst off the school premises.

Staff will apply all the procedures described in this policy during residential and off-site visits.

Meetings with pupils away from the school premises, where a chaperone is not present, will not be permitted, unless approval has been obtained by the headteacher.

Consent from a parent will be obtained and recorded prior to any offsite visit.

12. Policy Review

This policy is reviewed every two years by the headteacher and the DSL.

The scheduled review date for this policy is November 2025.

Intimate Health Care Plan

This form is to be completed by Class Teacher / SEND Co, signed by parents and scanned onto Medical Tracker.

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

Care requirements, including frequency: (in Nursery 11am and 2pm plus any unplanned)

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 need to provide?

What are the reporting procedures for parents?

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I have read the **Intimate Care Policy** provided by Silsden Primary School and I agree to the intimate care plan outlined above:

Signature of parent:		Date:	
Signature of School:		Date:	

FOR ADMIN USE

IHCP Added to medical tracker	
Intimate Care Log set up with copy of IHCP	
Class Teacher advised and received copy of IHCP	

RISK ASSESSMENT FORMA

Part A

DEPARTMENT/ SERVICE				SILSDEN PRIMARY					
Assessor/ Person(s) assisting with the assessment		SA Boyes.			DATE				
TASK / ACTIVITY (Include duration and frequency of task activity)		Intimate Care Risk Assessment. This policy is written in line with our intimate care policy							
					Persons / groups at risk				
Likelihood of Occurrence	Severity of Outcome					A	Employees	E	General Public / Pupils
	1 Negligible	2 Slight	3 Moderate	4 Severe	5 Very Severe	B	New Employees	F	Visitors
1 Very Unlikely	LOW (1)	LOW (2)	LOW (3)	LOW (4)	LOW (5)	C	Contractors / Sub-Contractors	G	Volunteers
2 Unlikely	LOW (2)	LOW (4)	LOW (6)	MEDIUM (8)	MEDIUM (10)	D	Young person / Work experience	H	Clients / Service users
3 Possible	LOW (3)	LOW (6)	MEDIUM (9)	HIGH (12)	HIGH (15)	Likelihood of occurrence X Severity of outcome = Risk Rating			
					Example:				

4 Probable	LOW (4)	MEDIUM (8)	HIGH (12)	HIGH (16)	HIGH (20)	Likelihood (possible 3) X Severity (Moderate 3) = Risk Rating (Medium 9)
5 Very Likely	LOW (5)	MEDIUM (10)	HIGH (15)	HIGH (20)	HIGH (25)	

Part B

What are the hazards and What could happen	Affected persons groups	What are the existing control measures	Risk rating (refer to chart)	Further action required to eliminate or reduce the risk (who by and Date)	Residual risk rating (refer to chart)
Injury to staff	A B	<p>Using the changing table</p> <p>Staff to undergo manual handling training at least one a year. Should they need to lift a child up onto the changing table or a left down.</p> <p>Children to be lifted so they are sat on the edge of the table, with their legs hanging down.</p>			6

		<p>Children to swing legs (while still being supported by an adult) onto the table and lying down. 1 hand should support the head. Head to be at the wall end, feet towards the cubicle front.</p> <p>Administering intimate care when child is stood up.</p> <p>Child to be encouraged to clean/wipe themselves and change themselves where possible.</p> <p>Where adult intervention is required, this must be done in line with our intimate care policy.</p> <p>Staff should bend their knees and not bend from the waist and keep back straight at all times.</p>			
Child Accident		<p>Adult to tell the child what is going to happen.</p> <p>All resources prepared and at hand before intimate care is undertaken.</p> <p>1 hand should always be on the child when they are laid on the table, to prevent them from rolling off.</p> <p>Adult should never turn their back on the child / take eyes off them.</p>			12

		<p>When completed, child should sit up and swing legs over the edge of the table before being lifted down.</p> <p>Manual handling guidance to be followed at all times.</p> <p>Children must never jump down by themselves.</p>			
Risk of infection		<p>PPE provided for all staff. See instructions below of how they are to be used.</p> <p>Staff ensure the changing area is clean before they begin</p> <p>Staff are familiar with hygiene procedures and follow these for every clean. All surfaces should be cleaned with disinfectant spray and blue towel, which must be disposed of after every clean.</p> <p>Always wipe children from front to back to avoid risk of infection.</p>			

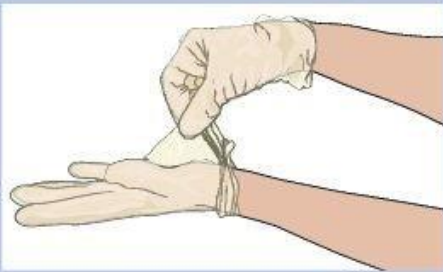
		<p>Staff clean the area after nappies/ soiled items have been disposed of hygienically.</p> <p>Any dirty clothes to be bagged and returned to adult at the end of the day.</p> <p>All cleaning products are kept out of reach of children.</p> <p>Gloves and aprons are disposed of hygienically</p> <p>Adults and children wash their hands with soap and water.</p>			
Safeguarding risk		<p>Ensure parental consent has been obtained via IHCP for planned intimate care and Arbor for unplanned / one off changes.</p> <p>Where facilities are open to the classroom, 1 adult can change child. They must inform another member of staff and let them know when they have finished.</p>		Slide lock to be placed on the inside of the door (high up) so children cannot unlock the door from the outside	

		<p>When administering intimate care in the hygiene room, 2 members of staff must be present at all times.</p> <p>Nursery door to the changing area to be locked at all times to prevent any other child entering the nappy changing area, unsupervised</p> <p>Record of intimate care administration is completed on every instance. See Intimate Care Policy</p> <p>Historic data retained in line with records retention policy</p>			
Children allergic to resources / products used.		<p>Parents to provide own resources and they are kept in the child's labelled box.</p> <p>Medical information gathered from parents before they start school to check for allergies to wipes / latex etc.</p>		Should a child be allergic to latex, we will use latex free gloves	

Part C

Links to other risk assessments and or safe working instructions - please state			
Name and Sign When the assessment is complete it should be signed to say that is the case and all identified actions have been implemented		Sally-Anne Boyes	Date
			11/9/23
<p>Review - Before work starts, it is important to consider the content on this risk assessment to ensure it still valid.</p> <p>For example, are there any significant changes, additions or omissions at the site not identified on the assessment? Are there any additional hazards or risks?</p> <p>Please record any changes required and or action taken, then date and sign</p>			
Reviewer Name & Date	SA Boyes. Nov 24	Notes	To take into account IHCPs
Reviewer Name & Date		Notes	
Reviewer Name & Date		Notes	

Fig 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

WRONG



RIGHT



**BEND KNEES
AND SQUAT**

**USE LEG MUSCLES,
NOT YOUR BACK**

**"HUG" ITEMS CLOSE
TO YOUR BODY**

