Intimate Care Policy

ODBST Level 1 Statutory Policy:	ALL Schools require this policy with no changes allowed to core text. No changes are necessary to personalise this with school name and branding, as this is a Trust level policy for use, without change, by all schools, except where a school contact is required as identified in the content of the policy. LGBs will note adoption in LGB meetings. Review will take place at Trust level, and schools will be notified of updates and review dates as necessary.
Other related ODBST policies and procedures:	Health and Safety Policy Child Protection and Safeguarding Policy
Committee responsible:	SEC
Approved by:	SEC
Date Approved:	June 2026
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Intimate Care Policy

Contents

1. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed 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 child 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

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

2. Legislation and statutory guidance

This policy complies with the Department for Education (DfE) statutory safeguarding guidance:

- Keeping Children Safe in Education
- Early Years Foundation Stage (EYFS) statutory framework

It also complies with our funding agreement and articles of association.

3. Role of parents/carers

3.1 Seeking parental permission

For children who need routine intimate care (e.g. for nappy changes or toileting accidents), parents will be asked to:

- Sign a consent form. (See Appendix 1 and 2)
- Provide an adequate supply of necessary items (e.g. nappies, wipes, creams, changes of clothing)

For all ODBST children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to sign a consent form.

For children whose needs are more complex or who need particular support outside of what's covered in the consent form (if used), an intimate care plan will be created in discussion with parents/carers (see section 3.2 below).

Where there isn't 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, and the school will inform parents/carers afterwards.

3.2 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 possible) and any relevant health 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's doubt over Gillick competency (whether the child is able to make an informed choice) this will be recorded. (See Appendix 3 for information.)

The plan will be formally reviewed twice a year and updated more frequently when there are changes to a pupil's needs.

See appendix 1 for the template.

3.3 Sharing information

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 and in line with current UK GDPR law.

4. Role of staff

4.1 Which staff will be responsible

This includes key nursery workers, learning support assistants, midday supervisors and teaching assistants.

No other staff members can be required to provide intimate care unless they are happy to do so and have received training.

All ODBST 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 well as other checks on their employment history.

The Designated Safeguarding Lead/Headteacher will:

- Oversee the implementation of this policy
- Ensure staff receive appropriate training and support
- Oversee the development of individual intimate care plans
- Act as a point of contact for parents/carers/staff regarding intimate care concerns

4.2 How staff will be trained

Staff 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

They will be familiar with:

- The control measures set out in risk assessments carried out by the school which are shared with staff undertaking intimate care activities
- Hygiene and health and safety procedures

They will also be encouraged to seek further advice as needed.

5. Intimate care procedures

During nappy changes, toileting and any intimate care procedure, ODBST settings will balance children's privacy with safeguarding and support needs.

5.1 Staffing

All members of staff performing intimate care procedures have an enhanced DBS with barred list check.

In general, 1 member of staff will be present with each child, except for circumstances where:

2 members of staff are needed to:

- Safely handle a child who needs to be assisted
- Use equipment such as a hoist
- There is a known risk of false allegations by the pupil

In cases where a pupil needs regular intimate care, where possible, the same member of staff will assist the same pupil each time they need support. We will train 2-3 members of staff per child to cover absences, emergencies and school trips. Where possible, we will ensure that these backup members of staff are also people known to the child.

5.2 Arrangements

Procedures will be carried out in a designated changing area, or accessibility toilet cubicle

Before carrying out intimate care, the member of staff allocated to that child will inform another member of staff of where they are going, and leave doors open as much as privacy allows. Where possible, they should be within earshot of other members of staff, but the comfort and care of the child should be the priority when choosing a location.

When carrying out procedures, the school will provide staff with:

- Pedal operated/ hands free bin specifically for nappy disposal
- Black bags for waste/used nappies.
- Nappy changing mat / nappy changing unit.
- Steps if needed.
- Box for each child's nappies wipes and so on
- Screen if needed to ensure privacy or sign on door
- Disposable aprons
- Disposable gloves
- Nappy sacks
- Anti-bacterial spray
- Paper towels
- Liquid soap

- Pedal operated bin for paper towels

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

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

Reusable nappies

In addition to the above procedures, where children wear reusable nappies, we will:

- Ask the parents for a demonstration of fitting the nappy correctly
- Dispose of any soiling by flushing straight down the toilet
- Dispose of the reusable nappy liner, and place in a nappy bag (and disposed of as per disposable nappies in a nappy bin)
- Store the used nappies in a sealable wet bag away from children (including a waterproof interior and sealed to prevent any smells escaping)
- Provide the parents with the wet bag at the end of the day to clean the used nappies.
- Please see below for information on how recording keeping is managed. This will need to be shared with parents/carers.
- Nursery aged children nappy changing will be shared with parents daily to ensure the welfare of the child.

5.3 Concerns about safeguarding

- 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 will report this using the school's safeguarding procedures. All safeguarding concerns should be recorded in the CPOMS system and the DSL informed.
- Any significant concerns about the safety or welfare of a pupil will be reported immediately to the local authority's children's social care team in line with the ODBST Safeguarding and Child Protection policy.
- If a child 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 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 and the allegation will be investigated according to the ODBST Safeguarding and Child Protection policy.
- Where the school notices an increasing pattern of soiling instances, it will first hold a meeting with parents/carers and with any other relevant individuals, such as medical professionals involved with the child to discuss why this might be occurring, and how to help the child. All records should be made in the CPOMS system and the DSL informed.
- *All safeguarding concerns should be recorded in the CPOMS system and the DSL informed.*
- *Any significant concerns about the safety or welfare of a pupil will be reported immediately to the local authority's children's social care team in line with the ODBST Safeguarding and Child Protection policy.*

5.4 Specific procedures for nappy changing in nursery/early years (2+ year olds)

Staff changing nappies will:

- Use a disposable apron and pair of disposable gloves for each nappy change and always wash hands before and after using gloves. Change PPE between children.
- Clean, disinfect and dry mats thoroughly after each nappy change; disposable towels or paper roll are discarded after each nappy change
- Ensure they have all the equipment they need before each nappy change
- Keep nappy bags, gloves and aprons out of reach of babies and children.
- Provide a stool/step to allow children to get on the mat.

Facilities are separate to food preparation, serving areas and children's play areas and learning/play space.

Changing and disposal of soiled items:

- Changing mats have a sealed plastic covering and are frequently checked for cracks or tears. If cracks or tears are found, the mat is discarded.
- Clean nappies are stored in a clean dry place; soiled nappies are placed in *(a 'nappy sack')* before being placed in the bin. Bins are foot-pedal operated, regularly emptied and at the end of the day are always emptied into an appropriate waste collection area.
- Where any non-prescribed creams are needed, e.g. Sudocrem that these are supplied by the parent and clearly labelled with the child's name. Prior written permission is obtained from the parent using the school form for non-prescribed medicines. When applying creams for rashes, a clean gloved hand is used.

Record keeping

- A written record will be kept between the parents and school. It will be completed every time a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. These records will be kept in the intimate care file and available to parents/carers on request.
- Intimate care data is special category data and must be stored securely so only those staff who need to see it have access. It should be kept for the current academic year plus one year if there are no safeguarding concerns. Where this is the case, it should be uploaded to CPOMS.
- A template can be found in appendix 3.

5.5 Specific procedures for toileting accidents (5-19 year old)

The school will record the number of unexpected soiling incidents in school, and liaise with the pupil's parent/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 and what more support is needed

Explain your procedures, such as communication with the child, privacy and discretion, post-care hygiene arrangements and recording and reporting.

5.6 Management of menstrual care

[Insert your exact procedures here/delete and amend as necessary]

All staff will be sensitive to the fact that:

1. Girls at our school may start to menstruate
2. While there is no shame or stigma attached to this, those pupils may wish to deal with it discreetly

The school will offer sensitive and practical information to pupils about:

3. Where the sanitary products are
4. How to use and dispose of them correctly

Period products available to pupils can be found in the girls upstairs toilets where pupils are able to access themselves, and the first said room where staff can access discreetly on behalf of pupils, or when needing to access them to support with intimate care.

Products available include e.g. sanitary towels, period pants

Staff will not directly assist with the physical act of changing sanitary products unless specifically requested by the child and agreed with parents/carers in an individual care plan due to specific needs.

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

6. Monitoring arrangements

Children with an Intimate care plan will have it reviewed twice a year or as required by the child, parents and care giver.

7. Links with other policies

This policy links to the following ODBST policies and procedures:

- Trust Accessibility plan
- Child Protection and Safeguarding
- Health and Safety
- SEND
- Supporting pupils with medical conditions

Appendix 1: template intimate care plan

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 ensuring 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 - WHERE APPROPRIATE	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

Appendix 2: template parent/carer consent form

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)	□
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)	□
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	□
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). 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). 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.	☐
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	

Appendix 3: Recording template

Nappy Changing & Intimate Care Record Sheet

Childs Name:
_____

Room:
_____

Date:
_____

Key: D = dry | W = wet | S = soiled | P = potty | T = toilet | CA = cream applied

Time	Type of Change (D/W/S/P/T)	Cream Applied (Y/N/CA)	Condition of Skin / Notes/ concerns	Staff name

Appendix 4 Gillick Competence

Gillick Competence

Gillick competence is a legal and clinical framework used to determine whether a child under 16 has sufficient understanding and intelligence to make their own medical decisions without parental consent.

Origins and Legal Background

The concept of Gillick competence originates from the UK case Gillick v West Norfolk & Wisbech Area Health Authority (1985), which addressed whether doctors could provide contraceptive advice and treatment to girls under 16 without parental consent. The ruling established that parental authority is not absolute and that a child's capacity to make decisions depends on their maturity and understanding.

Key Principles

To be considered Gillick competent, a child must demonstrate:

- **Sufficient understanding and intelligence** to comprehend the proposed treatment, its purpose, nature, likely effects, risks, and alternatives.
- **Awareness of benefits and potential harms**, including the consequences of refusing treatment.
- **Ability to make an informed decision free from undue influence**, with capacity assessed at the specific time the decision is made.
- **Situational competence**, meaning competence is decision-specific and may vary depending on the complexity or seriousness of the treatment