St Hilda's School
HARPENDEN
Caring, Curious & Confident

INTIMATE CARE POLICY

Name of Policy	Intimate Care Policy
Reviewed By	Dan Sayers Daniel James Jan Radgman
Review Date	September 2026
Next Review Date	September 2027
To be Read in Conjunction with	• Safeguarding Policy • EYFS Policy
Legislation Referenced	• Children Act 1989 • Children Act 2004 • Education Act 2002, particularly s.157 (Independent Schools) • Equality Act 2010 • Keeping Children Safe in Education (KCSIE) guidance in force. • Statutory Framework for the Early Years Foundation Stage (EYFS), effective September 2026 • Working Together to Safeguard Children • SEND Code of Practice: 0-25 years • Health and Safety at Work etc. Act 1974. • UK GDPR and Data Protection Act 2018.

Unless otherwise stated, all Policies of St Hilda's School apply to the school in its entirety. This comprises all staff and pupils in the Early Years Foundation Stage (EYFS), the Junior School (Key Stage 1) and the Senior School (Key Stage 2).

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1. INTRODUCTION

St Hilda's School is committed to safeguarding and promoting the welfare, dignity, privacy, and independence of every child.

Some children may require assistance with intimate or personal care as part of their normal day at school. This may be because of their age and stage of development, a medical condition, disability, or additional need, or because of an unexpected accident or illness.

Intimate care will always be provided in a way which respects the individual child, promotes their independence wherever possible and protects both children and staff.

This policy applies to all pupils at St Hilda's School, including children within the Early Years Foundation Stage (EYFS).

2. DEFINITION OF INTIMATE CARE

Intimate care is any care which involves washing, touching, or carrying out a procedure involving areas of the body that would ordinarily be considered private.

At St Hilda's this may include:

- nappy changing
- supporting a child with toileting
- cleaning a child following a toileting accident
- changing soiled or wet clothing
- assisting with wiping or personal hygiene
- supporting a child with continence needs
- assisting a child with menstrual care where necessary
- washing or cleaning following sickness or an accident
- supporting a child with dressing or undressing where intimate areas may be exposed
- providing intimate care associated with a medical condition or disability; and
- other personal care where a child cannot reasonably manage independently.

Routine assistance with coats, shoes, ordinary changing for PE or similar activities would not normally constitute intimate care, although staff should continue to respect children's privacy and dignity.

3. PRINCIPLES

When providing intimate care, St Hilda's School will:

- treat every child with dignity and respect
- always safeguard the child's welfare
- encourage children to undertake as much of their own personal care as they are able to
- explain what is happening before and during care
- seek the child's cooperation and take account of their wishes, communication needs and level of understanding
- provide appropriate privacy while maintaining safeguarding arrangements

- ensure staff follow appropriate hygiene and infection-control procedures
- take account of a child's individual needs, including SEND, medical needs, cultural or religious considerations
- work in partnership with parents and carers
- ensure staff providing intimate care understand the school's safeguarding procedures; and
- ensure that concerns arising during intimate care are reported appropriately.

No child will be criticised, shamed, or made to feel embarrassed because they require intimate care.

4. CONSENT AND THE CHILD'S VOICE

Parents of children who routinely require intimate care will be informed of the school's arrangements and, where appropriate, an individual Intimate Care Plan will be agreed.

A child's consent and cooperation should also be sought in an age and developmentally appropriate way. Staff should explain what they intend to do before providing care, for example "I can help you get cleaned and changed. Is that okay?"

Children should be encouraged to undertake as much of the task themselves as they can.

A child should never be forced to accept intimate care against their wishes unless immediate action is necessary to protect the child from significant harm or an immediate health or safety risk.

If a child refuses intimate care, staff should remain calm, reassure the child, and seek advice from an appropriate senior member of staff. Parents may need to be contacted.

Repeated or unusual reluctance to receive care from a particular adult must be taken seriously and reported to Natalie Atkins, Designated Safeguarding Lead (DSL).

5. EARLY YEARS – NAPPY CHANGING AND TOILETING

St Hilda's recognises that nappy changing and assistance with toileting are a normal part of caring for some children within the EYFS. Children will not be excluded from participating in school life because they are not, yet toilet trained. Parents should provide appropriate nappies/pull-ups, wipes, and spare clothing where these are required by their child.

During nappy changing or toileting assistance:

- the child will be treated respectfully and reassured throughout
- the member of staff will explain what they are doing
- appropriate gloves and other PPE will be used where required
- changing facilities will be kept clean and hygienic
- soiled nappies and waste will be disposed of hygienically
- staff and children will wash their hands appropriately
- changing areas will provide suitable privacy for the child
- staff will encourage independence according to the child's age and stage of development; and
- any unusual marks, injuries, soreness, bleeding, or other concerns will be dealt with in accordance with the school's safeguarding procedures.

Staff should never make negative comments about a child's toileting, nappy use, accidents, smell, or level of independence.

Recording routine nappy changes

Routine nappy changes within the EYFS may be recorded through the setting's usual care records. Any unusual occurrence, significant toileting incident, injury, safeguarding concern, or other matter requiring follow-up must be recorded separately and escalated appropriately.

6. TOILETING ACCIDENTS

Accidents can happen at any age and must be dealt with discreetly and sensitively.

Where a child has wet or soiled themselves, staff should first encourage the child to clean and change themselves to the extent that they are able to. Where assistance is required, staff may provide appropriate intimate care. Where possible, children should use their own spare clothing. The school may provide suitable spare clothing when necessary. Soiled clothing should be placed securely in an appropriate bag and returned to parents rather than routinely washed by staff.

Parents should normally be informed of significant toileting accidents, particularly where staff have provided intimate care.

Repeated accidents may indicate a medical, developmental, or emotional need and should be discussed sensitively with parents and, where appropriate, the SENCO, DSL or relevant healthcare professional.

7. INTIMATE CARE FOR OLDER PUPILS

It is recognised that pupils beyond the EYFS may occasionally require intimate care. This could arise because of:

- an unexpected toileting accident
- illness
- menstruation
- injury
- disability
- SEND
- a medical condition; or
- another temporary or ongoing need.

Staff should consider the pupil's age and ability and should encourage them to manage their own care wherever reasonably possible. The pupil should be given appropriate privacy, supplies and clean clothing before direct physical assistance is considered. Where direct assistance is required, the same principles of dignity, consent, safeguarding, and appropriate recording contained within this policy apply.

8. MENSTRUAL CARE

The school will support pupils sensitively and discreetly with menstrual needs. Sanitary products will be available where required and pupils will be given appropriate privacy to manage their own personal care.

Where a pupil requires additional assistance because of age, disability, SEND, illness or an unexpected incident, staff will provide appropriate support while encouraging independence wherever possible. Any direct intimate assistance should be provided sensitively and in accordance with this policy.

9. CHILDREN WITH SEND, DISABILITIES OR MEDICAL NEEDS

Some children may require regular or ongoing intimate care because of a disability, medical condition, or additional need. The school will not discriminate against a child because they require intimate care and will make reasonable adjustments where required. Where regular or more complex intimate care is necessary, an Individual Intimate Care Plan should normally be developed in consultation with:

- the child, where appropriate
- parents or carers
- relevant school staff
- the SENCO and/or DSL where appropriate
- relevant healthcare professionals where necessary.

The plan should identify:

- the nature of the assistance required
- how frequently assistance may be required
- the child's preferred method of communication
- how consent will be sought
- steps to maximise the child's independence
- any equipment or adaptations required
- staff who are appropriately trained or authorised to provide the care
- arrangements for recording care where necessary
- arrangements for educational visits and activities away from school; and
- any specific safeguarding or medical considerations.

Intimate Care Plans should be reviewed whenever the child's needs change and otherwise at appropriate intervals.

10. STAFFNG ARRANGEMENTS

Intimate care should normally be undertaken by members of staff who are familiar to the child and appropriately trained or briefed for the care required.

The school recognises that requiring two adults to be present for every routine intimate care task can unnecessarily compromise a child's privacy and dignity. Two members of staff are therefore not routinely required to be present during intimate care. However, staff should ensure that appropriate safeguarding arrangements are maintained. Wherever practicable, another member of staff should know that intimate care is taking place and where it is taking place.

A second adult may be appropriate where:

- the child's individual care plan specifies this
- a risk assessment identifies a particular need
- manual handling is required
- the child is distressed or displaying behaviour which may place themselves or others at risk
- a medical procedure requires two people
- the member of staff considers additional assistance necessary; or
- there are other exceptional safeguarding circumstances.

The dignity of the child should remain an important consideration when deciding whether another adult should be present.

11. **PRIVACY AND SAFEGUARDING**

Intimate care requires an appropriate balance between the child's right to privacy and the need to safeguard both the child and member of staff. Doors should not automatically be left fully open when intimate care is taking place simply to demonstrate safeguarding. This may unnecessarily expose the child.
Instead, staff should use professional judgement and the arrangements within the relevant room or changing facility to maintain appropriate privacy while ensuring that staff are not unnecessarily isolated.

Staff must never:

- photograph or film intimate care
- use a personal mobile phone or personal electronic device while providing intimate care
- make unnecessary physical contact
- undertake care which the child is reasonably capable of completing independently
- make sexualised, humiliating, or inappropriate comments
- unnecessarily expose a child
- use intimate care as a punishment or means of controlling behaviour.

12. **SAFEGUARDING CONCERNS**

Intimate care can provide opportunities for staff to notice physical or behavioural indicators which may raise safeguarding concerns.

If a member of staff observes:

- unexplained bruising or injuries
- soreness, bleeding or unusual marks
- significant changes in a child's behaviour
- sexualised behaviour or language which causes concern
- fear or distress associated with intimate care
- disclosure of abuse
- a child's reluctance to be cared for by a particular person
- anything else which gives cause for concern,

they must follow the school's Safeguarding and Child Protection Policy and report the matter promptly to the DSL or Deputy DSL.

Staff should not investigate the concern themselves or ask leading questions. If a concern relates to the behaviour of a member of staff, the school's procedures for allegations or concerns about adults, including low-level concerns where applicable, must be followed.

13. **INJURIES OR MARKS IDENTIFIED DURING INTIMATE CARE**

Where staff notice an injury, mark, rash, or other physical concern during intimate care, they should respond proportionately. Where there is an immediate medical need, appropriate first aid or medical assistance should be obtained. Where the presentation raises a safeguarding concern, it should be reported immediately in accordance with the school's safeguarding procedures. Staff must not photograph intimate areas of a child for the purposes of recording an injury or concern.

14. **HYGIENE AND INFECTION CONTROL**

Staff providing intimate care must follow appropriate infection-control procedures. This includes:

- washing hands before and after care
- using disposable gloves where contact with bodily fluids is possible
- using disposable aprons where appropriate
- cleaning changing surfaces appropriately after use
- disposing of nappies and contaminated waste safely (PHS clinical waste / accessible toilet on ground floor)
- dealing appropriately with bodily fluid spillages
- ensuring changing facilities and equipment remain clean and hygienic.

Staff must follow the school's wider infection-control and health and safety procedures.

15. **CHANGING CLOTHES**

Children may occasionally require assistance changing clothing because of:

- toileting accidents
- sickness
- spillages
- wet or muddy clothing
- swimming or PE
- injury
- other circumstances.

Children should be encouraged to change themselves wherever they can do so. Staff should only provide the level of assistance reasonably necessary and should respect the child's privacy throughout.

16. **EDUCATIONAL VISITS, SPORT AND OTHER OFF-SITE ACTIVITIES**

A child requiring intimate care must not be prevented from participating in an educational visit or school activity solely because of that need.

Where a child has known intimate care requirements, these should be considered as part of planning and risk assessment for the activity. Suitable arrangements should be made for:

- appropriate staff
- changing/toileting facilities
- required equipment or supplies
- medication or medical procedures where applicable
- disposal of waste
- the child's privacy and dignity

Parents should be involved in planning where the child's needs are significant or complex.

17. **RECORDING INTIMATE CARE**

The level of recording required should be proportionate to the circumstances. Routine nappy changes within EYFS may be recorded using established Early Years care records. For occasional intimate care elsewhere in school, a formal record will not necessarily be required where the support is minor and routine, although parents should be informed where appropriate.

A specific record should be made where:

- significant intimate assistance has been provided
- an unusual or significant incident has occurred
- the child has become distressed
- an injury or physical concern has been identified
- care differs from an agreed Intimate Care Plan
- there is a safeguarding concern
- senior staff determine that recording is appropriate.

Safeguarding concerns must be recorded through the school's safeguarding recording procedures. Records relating to intimate care must be treated confidentially and stored appropriately.

18. **COMMUNICATION WITH PARENTS**

St Hilda's recognises parents and carers as important partners in supporting children's personal care. Parents should inform the school of any relevant:

- toileting difficulties
- continence needs
- medical conditions
- allergies or skin conditions
- SEND
- changes in toileting behaviour
- medication
- equipment requirements
- other information which may affect intimate care.

Staff will communicate sensitively with parents where a child requires significant or unexpected intimate care during the school day.

19. **STAFF TRAINING**

Staff who may provide intimate care will receive appropriate information, guidance and, where necessary, training. Additional training will be provided where a child requires specialist care, equipment, manual handling, or a medical procedure. Staff should not undertake a procedure for which specialist training is required unless they have received appropriate training and are competent to undertake it.

20. **STAFF PROTECTION AND PROFESSIONAL BOUNDARIES**

This policy is intended to safeguard both children and staff.

Staff should:

- follow agreed procedures
- maintain professional boundaries
- explain their actions to the child
- provide only the level of assistance required
- report unusual incidents or concerns
- seek advice when unsure
- never undertake intimate care in a manner which could reasonably be considered secretive.

If a member of staff feels uncomfortable providing a particular form of intimate care, or believes that the circumstances create a safeguarding risk, they should seek assistance from a senior member of staff.

21. **EQUALITY, INCLUSION AND DIGNITY**

Children develop independence at different rates. St Hilda's will not discriminate against or disadvantage a child because they:

- are not toilet trained
- experience continence difficulties
- have a disability
- have SEND
- have a medical condition
- require additional assistance with personal care.

The school will consider reasonable adjustments and individual arrangements to enable pupils to participate fully in school life.

22. **LINKS WITH OTHER SCHOOL POLICIES**

This policy should be read alongside the school's:

- Safeguarding and Child Protection Policy
- Staff Code of Conduct
- EYFS Policy
- Health and Safety Policy
- First Aid Policy
- Supporting Pupils with Medical Conditions arrangements
- SEND Policy
- Equality Policy
- Behaviour Policy
- Educational Visits Policy
- Whistleblowing Policy
- Allegations Against Staff / Low-Level Concerns procedures.

23. **MONITORING AND REVIEW**

The Head, DSL and Head of EYFS will ensure that this policy is implemented appropriately.

Individual intimate care arrangements will be reviewed when a child's needs change.

The whole-school policy will be reviewed annually, or sooner where:

- statutory guidance changes
- safeguarding guidance changes
- an incident identifies a need for review,or
- the school's procedures or provision change.

This policy will be reviewed annually, by the Senior Management Team, in line with the school's review schedule for policies.