



Intimate Care Policy

Date of Policy	Review Date	Policy Written by:	Date Shared with Staff	Date Shared with Local School Board
September 2026	No later than two years following publication of the policy	Mrs Katie Gray (SENCO/ Assistant Headteacher)	September 2026	September 2026

1. Introduction

Spalding St Paul's School is committed to safeguarding and promoting the welfare of every child and young person in its care.

Intimate care is an important aspect of safeguarding, inclusion, health, wellbeing and dignity. The school recognises that some pupils may require assistance with intimate care because of their age, developmental stage, disability, medical condition, additional needs or other circumstances.

The school will provide intimate care in a way that:

- safeguards children and adults;
- protects the child's dignity, privacy and modesty;
- promotes independence and self-care wherever possible;
- recognises and respects individual needs, preferences and communication methods;
- involves pupils in decisions about their care to the extent appropriate to their age and understanding;
- takes account of parents/carers' views;
- recognises cultural, religious and personal preferences;
- ensures that staff are appropriately trained and supported;
- provides clear and proportionate recording arrangements; and
- ensures that any safeguarding concern is identified, reported and acted upon without delay.

This policy should be read alongside the school's:

- Child Protection and Safeguarding Policy;
- Staff Code of Conduct / Staff Behaviour Policy;
- SEND Policy;
- Supporting Pupils with Medical Conditions Policy;
- First Aid Policy;
- Health and Safety Policy;
- Equality Information and Objectives;
- Attendance Policy;
- Educational Visits Policy;
- Whistleblowing Policy;
- Allegations Against Staff / Managing Allegations Policy; and
- Data Protection and Confidentiality arrangements.

The policy applies to all pupils who require intimate care while attending school or participating in school activities, including educational visits and residential activities where applicable.

2. Legislative and statutory framework

This policy has been developed with regard to the statutory duties and guidance applicable to schools in England, including:

- **Education Act 2002**, including the school's safeguarding and welfare duties;
- **Children Act 1989** and **Children Act 2004**;
- **Equality Act 2010**;
- **Keeping Children Safe in Education 2026 (KCSIE)**;
- **Working Together to Safeguard Children 2026**;
- **Supporting pupils with medical conditions at school** statutory guidance;
- relevant health and safety and infection-control requirements;
- relevant safeguarding procedures issued by the local authority and/or the school's safeguarding partnership; and
- the **SEND Code of Practice: 0 to 25 years**, where applicable.

KCSIE 2026 is statutory guidance for schools in England and requires schools to have effective safeguarding arrangements and for staff to follow the school's safeguarding policies and procedures.

Working Together to Safeguard Children 2026 applies to schools and other education providers and sets out the wider safeguarding arrangements through which agencies work together to safeguard and promote children's welfare.

The school will ensure that this policy is read and applied alongside the most recent version of the statutory guidance in force.

3. Aims of the policy

The aims of this policy are to ensure that:

1. every child is treated with dignity, respect and compassion;
2. intimate care is provided safely and consistently;
3. children are protected from abuse, neglect and inappropriate or unsafe practice;
4. staff understand their responsibilities and professional boundaries;
5. parents/carers understand how intimate care will be provided;
6. pupils are encouraged to develop independence and self-care skills;
7. pupils' communication needs are recognised and supported;
8. appropriate individual care arrangements are established for pupils who require regular intimate care;
9. appropriate records are maintained;
10. concerns about a child's welfare, an adult's conduct or the provision of care are identified and reported promptly; and
11. disabled pupils and pupils with additional needs are supported without discrimination.

4. Principles of intimate care

The school adopts the following child-focused principles:

- Every child has the right to be safe.
- Every child has the right to privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved in their own intimate care to the extent appropriate to their age, understanding and communication needs.
- Every child has the right to express their views about their intimate care.
- Every child's views, wishes and feelings should be taken seriously.
- Every child should be encouraged to achieve the highest level of independence possible.
- Every child should receive care that is appropriate to their individual needs.
- Intimate care should be provided sensitively and in a manner that minimises embarrassment, distress and discomfort.
- Staff should explain what they are doing before and during care, using communication appropriate to the child.
- The child's dignity and privacy must be balanced with the need to safeguard the child and the member of staff.
- Care should be provided consistently wherever reasonably possible.
- No child should be discriminated against because they require intimate care.

The school's arrangements recognise that disabled children and children with additional needs may be particularly vulnerable to abuse and that safeguarding arrangements must therefore be applied consistently and sensitively.

5. Definition of intimate care

Intimate care is any care involving washing, touching or carrying out a procedure to intimate or personal areas of the body which a child would normally carry out independently but is unable to do because of their age, developmental stage, disability, physical difficulty, medical condition or other additional need.

Intimate care may include:

- assistance with toileting;
- changing nappies or continence products;
- cleaning after toileting;
- assistance with washing;
- assistance with dressing or undressing;
- menstrual care;
- assistance with personal hygiene;
- assistance following an accident involving urine, faeces or other bodily fluids;
- support with catheter care;
- support with colostomy or other stoma care;
- administration of prescribed medication involving intimate areas of the body;
- other invasive or non-invasive medical procedures involving intimate areas; and
- supervision of pupils undertaking intimate self-care where this is necessary for their safety.

The definition is not limited to physical contact. It can include situations where a pupil requires close supervision or assistance with intimate self-care.

6. Individual intimate care plans

Where a pupil requires regular or significant assistance with intimate care, the school will establish an **Individual Care Plan** and, where appropriate, an **Individual Healthcare Plan (IHP)**.

The plan should be developed in partnership with:

- the pupil, where appropriate;
- parents/carers;
- relevant school staff;
- the SENCO, where appropriate;
- the designated safeguarding lead, where appropriate;
- health professionals or other relevant professionals where required; and
- any other person whose involvement is necessary to meet the child's needs safely.

The plan should be proportionate to the pupil's needs and should normally include:

- the nature of the support required;
- the pupil's level of independence;
- the pupil's preferred method of communication;
- the language or terminology used with the pupil;
- the pupil's preferences and wishes;
- any known triggers for distress or anxiety;
- how the pupil communicates agreement, refusal, discomfort or distress;
- the level of assistance required;
- the equipment and resources required;
- appropriate staffing arrangements;
- arrangements for maintaining dignity and privacy;
- hygiene and infection-control arrangements;
- arrangements for changing clothing or continence products;
- relevant medical information;
- any prescribed treatment or procedure;
- staff training requirements;
- emergency arrangements;
- recording arrangements;
- arrangements for educational visits and activities outside the normal classroom environment; and
- arrangements for review.

Where a pupil has an IHP, the intimate care plan should be consistent with it.

The plan should be reviewed:

- at least annually;
- whenever the pupil's needs change;
- when there is a significant change in staffing arrangements;
- when there is a change in medical advice;
- before relevant educational visits or residential activities; and
- following any incident or concern that indicates the plan may need to change.

The school will involve the pupil in planning and reviewing their care wherever this is appropriate.

7. Consent, communication and the child's participation

The school recognises that children communicate their wishes and feelings in different ways.

Staff must use the child's preferred means of communication, which may include:

- spoken language;
- signs;
- symbols;
- photographs;
- objects of reference;
- communication devices;
- gestures;
- facial expressions;
- body language; or
- other agreed communication systems.

Staff should explain what they are going to do before providing intimate care and, where appropriate, throughout the procedure.

Where the pupil has sufficient age and understanding, staff should seek their agreement before providing intimate care.

Where a pupil cannot provide conventional verbal consent, staff should consider their established communication methods and observe their behaviour, wishes and responses.

A child's refusal, resistance or distress must be taken seriously. Staff should consider whether the proposed care can safely pause and whether the pupil can be supported to understand what is happening. However, staff must also recognise that some intimate care may be necessary to protect the child's health, safety or dignity. Where care needs to continue despite a child's resistance, this must be managed in accordance with the child's individual plan, relevant medical advice and safeguarding procedures. Any significant or unusual distress should be recorded and reported to the appropriate member of staff. A pupil should never be coerced, threatened, shamed or punished in relation to intimate care.

8. Promoting independence

The school will support pupils to achieve the highest level of independence possible.

Staff should:

- encourage pupils to complete elements of personal care themselves;
- allow sufficient time for pupils to develop self-care skills;
- provide appropriate equipment or adaptations;
- use visual or other communication supports where required;
- provide graded assistance rather than doing everything for the pupil;
- praise appropriate attempts at independence; and
- review the level of assistance required as the pupil develops.

Staff should avoid unnecessary assistance where the pupil is able to complete a task independently.

9. Privacy and dignity

Every pupil's privacy and dignity must be respected.

Staff should:

- use an appropriate private area for intimate care;
- close doors, blinds or screens where appropriate;
- avoid unnecessary exposure of the pupil's body;
- expose only the part of the body that needs to be cared for;
- use appropriate protective clothing and equipment;
- explain what they are doing;
- use respectful and age-appropriate language;
- avoid discussing the child's intimate care in front of other pupils;
- avoid unnecessary conversation about the child's personal circumstances; and
- maintain confidentiality.

The number of adults involved in intimate care should be kept to the minimum necessary to safeguard the child and provide the required care.

The school recognises that having two adults present is not automatically necessary for every intimate care procedure. Decisions about staffing should be based on the child's needs, safeguarding considerations, the individual plan and the circumstances at the time.

Where a member of staff provides intimate care alone, they should inform an appropriate colleague that they are doing so in accordance with the school's agreed procedures.

10. Staffing arrangements and professional boundaries

Intimate care must only be provided by staff who are authorised by the school and who have appropriate safeguarding awareness and, where necessary, training for the task.

Staff undertaking intimate care must:

- maintain professional boundaries at all times;
- follow the child's individual care plan;
- follow relevant medical instructions;
- use appropriate infection-control procedures;
- communicate respectfully with the pupil;
- record care where required;
- report concerns promptly; and
- seek advice if they are uncertain about any aspect of the care.

Where possible, the school will take account of a pupil's preference regarding the gender of the person providing intimate care.

Cultural, religious and family preferences should be considered wherever reasonably practicable.

A member of staff may raise a concern if they do not feel able to provide a particular form of intimate care. The school will consider the concern and seek an appropriate alternative arrangement where possible.

Staff must not:

- use intimate care as a form of punishment or control;
- behave in a manner that is sexualised, humiliating or inappropriate;
- make comments about a child's body that are unnecessary or inappropriate;
- photograph or record a pupil during intimate care;
- use personal mobile phones or other recording devices during intimate care;
- undertake a medical procedure for which they are not trained or authorised; or

- depart from an agreed care or healthcare plan without an appropriate reason and without reporting the circumstances.

11. Training and competence

All staff undertaking intimate care must receive appropriate information, guidance and training.

Training will be proportionate to the role and the needs of the pupil and may include:

- safeguarding;
- professional boundaries;
- intimate care procedures;
- infection control;
- moving and handling;
- continence care;
- menstrual care;
- use of specialist equipment;
- medical procedures;
- communication strategies;
- supporting pupils with SEND;
- dignity and privacy; and
- recognising and reporting safeguarding concerns.

Where a member of staff is required to undertake an invasive or specialist medical procedure, they must receive appropriate training and demonstrate competence before undertaking the procedure independently.

Training should be refreshed as necessary and whenever there is a significant change to the pupil's needs or procedure.

12. Infection control and hygiene

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

Appropriate personal protective equipment should be used according to the task and relevant risk assessment.

This may include:

- disposable gloves;
- disposable aprons;
- other protective equipment where required.

Staff must:

- wash or sanitise hands appropriately;
- follow appropriate hand hygiene before and after care;
- dispose of waste safely;
- clean and disinfect equipment as required;
- follow procedures for bodily fluids; and
- report any equipment or hygiene concerns.

The school will ensure that appropriate facilities and supplies are available.

13. Continence care, toileting and accidents

Where a pupil requires assistance with toileting or continence, staff will follow the pupil's individual care plan where one is in place.

Staff should encourage independence wherever possible.

Where a pupil has an accident and requires assistance, staff will:

1. reassure the pupil;
2. protect their dignity and privacy;
3. explain what is happening;
4. encourage the pupil to participate in cleaning and changing where possible;
5. provide the minimum assistance necessary;
6. use appropriate protective equipment;
7. dispose of waste safely;
8. ensure the pupil is comfortable and appropriately dressed; and
9. record or report the incident where required by the school's procedures.

Where a pupil repeatedly requires unexpected assistance, the school will consider whether an individual care plan or review of existing arrangements is required.

14. Menstrual care

The school will provide appropriate support for pupils who require assistance with menstruation.

Staff should:

- treat menstruation as a normal aspect of personal care;
- maintain dignity and privacy;
- use age-appropriate language;
- respect the pupil's preferences;
- encourage independence;
- provide access to appropriate sanitary products;
- ensure appropriate disposal arrangements; and
- identify whether additional SEND or medical support is required.

The school will ensure that pupils are not disadvantaged or prevented from participating in education because they require menstrual support.

15. Medical and invasive procedures

Some pupils may require intimate medical procedures while at school.

Examples may include:

- catheterisation;
- management of a stoma or colostomy;
- administration of rectal medication;
- specialist continence procedures;
- other prescribed procedures involving intimate areas.

Such procedures must be documented within the pupil's healthcare arrangements and undertaken only by appropriately trained and authorised staff.

The school will work with parents/carers and relevant health professionals to establish safe arrangements. Staff must not devise their own medical or physiotherapy programmes.

Where physiotherapy or another specialist physical intervention is required, school staff will only undertake the agreed elements after appropriate instruction and training from the relevant professional.

Any concerns regarding the procedure, equipment, the pupil's response or changes in medical advice must be reported promptly.

The school's arrangements for supporting pupils with medical conditions will be followed. The Department for Education's statutory guidance requires schools to have appropriate arrangements for supporting pupils with medical conditions, including individual healthcare planning where appropriate.

16. Safeguarding children

The school recognises that intimate care creates situations in which children may be particularly vulnerable because of the level of physical contact and the nature of the care provided.

All staff must remain alert to safeguarding concerns.

Concerns may include:

- unexplained bruising or injuries;
- changes in behaviour;
- unusual fear or distress;
- a pupil becoming unusually distressed about a particular member of staff;
- disclosures or allegations;
- inappropriate comments or behaviour by an adult;
- unexplained changes in toileting or continence;
- signs of possible abuse or neglect; or
- any practice that does not follow the agreed care arrangements.

Any safeguarding concern must be reported to the **Designated Safeguarding Lead (DSL) or Deputy DSL without delay**, in accordance with the school's Child Protection and Safeguarding Policy.

Staff must not investigate safeguarding concerns themselves.

KCSIE 2026 states that staff should act immediately on safeguarding concerns and report concerns to the DSL or deputy without delay. It also emphasises appropriate recording, including the concern, actions, decisions, rationale and outcomes.

If a child is at immediate risk of harm, the school's emergency safeguarding procedures must be followed.

17. Concerns about staff

Any concern about the conduct of a member of staff, volunteer, contractor or other adult involved in intimate care must be reported in accordance with the school's safeguarding and allegations procedures.

This includes:

- inappropriate physical contact;
- failure to maintain professional boundaries;
- inappropriate comments;
- failure to follow the pupil's care plan;
- inappropriate use of force;
- unnecessary exposure of a child;
- failure to report concerns;
- inappropriate recording or use of devices; or
- any behaviour that causes concern about the adult's suitability to provide intimate care.

Where an allegation or concern about an adult may meet the threshold for referral, the Headteacher will follow the school's procedures and seek advice from the **Local Authority Designated Officer (LADO)** where required.

Staff must not discuss allegations with colleagues other than those who need to know as part of the formal process.

All staff also have a responsibility to report concerns about colleagues through the school's safeguarding and whistleblowing arrangements.

18. Low-level concerns and professional conduct

The school recognises that behaviours which may appear minor in isolation can form part of a pattern. Staff should report concerns about inappropriate or poor professional practice in accordance with the school's Staff Code of Conduct, low-level concerns procedure and safeguarding arrangements.

Examples may include:

- unnecessary physical contact;
- over-familiarity;
- repeated failure to maintain professional boundaries;
- inappropriate language;
- failure to follow agreed care arrangements; or
- behaviour that causes discomfort or concern even where it does not meet the threshold for an allegation.

The school will respond proportionately and in accordance with current safeguarding guidance.

19. Recording and information sharing

The school will maintain appropriate records relating to intimate care.

Records should be proportionate to the care provided and should normally include:

- the pupil's name;
- date;
- time;
- type of care provided;
- staff involved;

Records relating to safeguarding concerns must be made in accordance with the school's safeguarding recording system and procedures.

Where intimate care is part of a planned routine, staff do not need to create an unnecessarily detailed record of every routine action unless this is required by the pupil's individual plan, medical arrangements or school procedure.

Where an invasive medical procedure is undertaken, an appropriate record must be completed in accordance with the pupil's healthcare plan and the school's medical procedures.

Information must be shared only with those who have a legitimate need to know, subject to safeguarding requirements.

Data protection legislation must not be used as a reason to prevent appropriate safeguarding information-sharing. KCSIE 2026 specifically states that data protection is not a barrier to sharing and recording information where this is necessary to protect a child.

20. Confidentiality

Information about a pupil's intimate care needs is sensitive personal information.

Staff must:

- maintain confidentiality;
- only share information with those who need to know;
- avoid discussing intimate care in public areas;
- store written records securely;
- follow the school's data protection arrangements; and
- follow safeguarding procedures where information needs to be shared to protect a child.

Parents/carers will be provided with appropriate information about their child's intimate care arrangements. Information will not normally be recorded in general communication systems such as home-school diaries where a more secure method is available.

21. Equality, disability and reasonable adjustments

The school recognises its duties under the **Equality Act 2010**.

Disabled pupils must not be disadvantaged because they require intimate care or assistance with personal care.

The school will consider reasonable adjustments, including:

- appropriate equipment;
- additional time;
- adapted facilities;
- accessible communication;
- individual staffing arrangements;
- appropriate changing facilities;
- sensory adjustments;
- support with continence;
- support with menstrual care; and
- adaptations to routines.

The school will consider the individual circumstances of each pupil rather than applying unnecessary blanket restrictions.

Schools have duties under the Equality Act 2010 in relation to disabled pupils, including making reasonable adjustments where required.

22. Cultural, religious and personal preferences

The school will seek to respect the cultural, religious and personal preferences of pupils and families in relation to intimate care.

Where preferences concern:

- the gender of the person providing care;
- terminology;
- personal hygiene;
- clothing;
- privacy;
- toileting arrangements; or
- other aspects of personal care,

these should be discussed and, where appropriate, recorded in the pupil's individual care plan.

The school will balance these preferences with safeguarding, staffing, health and safety and the pupil's individual needs.

23. Equipment and facilities

The school will provide appropriate facilities and equipment for pupils requiring intimate care, subject to the pupil's individual needs and available resources.

Equipment should be:

- suitable for its intended purpose;
- maintained appropriately;
- used in accordance with manufacturer instructions;

- checked where required;
- stored safely; and
- replaced when no longer safe or suitable.

Where moving and handling equipment is required, staff must be appropriately trained. Any defective equipment must be removed from use and reported promptly.

24. Educational visits and activities outside school

Intimate care arrangements must be considered when planning:

- educational visits;
- sporting activities;
- residential visits;
- swimming;
- off-site activities;
- extended school activities; and
- other activities where normal facilities may not be available.

Where a pupil has an individual intimate care plan, staff responsible for the activity must be aware of the relevant arrangements.

The pupil's dignity, privacy and safety must remain central to planning.

Any additional staffing, equipment, facilities or medical support required should be identified before the activity takes place.

25. Staff absence and continuity of care

The school will seek to provide continuity of intimate care wherever reasonably possible.

Where a member of staff who normally provides intimate care is absent, the school will ensure that any replacement staff member is:

- appropriately authorised;
- aware of the pupil's needs;
- appropriately trained where necessary; and
- aware of relevant safeguarding and professional-boundary expectations.

A pupil must not be left without necessary intimate or medical care because their usual member of staff is unavailable.

26. When a child is distressed or refuses care

If a pupil becomes distressed or refuses intimate care, staff should:

1. remain calm and reassuring;
2. consider the child's communication and sensory needs;
3. identify whether the child is communicating pain, fear, embarrassment or another concern;
4. pause the procedure where it is safe to do so;
5. use agreed communication and de-escalation strategies;
6. seek assistance where necessary;
7. follow the pupil's individual care plan;
8. consider whether medical advice is required; and
9. record and report significant or unusual distress.

If a pupil repeatedly becomes distressed about care from a particular adult, this must be reported to the class teacher, SENCO, DSL or Headteacher as appropriate.

The concern must be considered promptly and staffing arrangements reviewed where necessary.

27. Physical intervention

Intimate care must never be used as a reason to apply unnecessary force.

Where physical intervention is required to prevent immediate harm, staff must follow the school's policy and procedures relating to physical intervention and restrictive practice.

Any use of force must be:

- necessary;
- proportionate;
- reasonable in the circumstances;
- consistent with relevant school procedures; and
- appropriately recorded and reported.

Any incident involving significant distress, injury or use of physical intervention during intimate care must be reviewed.

28. Staff wellbeing and support

The school recognises that providing intimate care can be demanding for staff.

Staff should have opportunities to:

- ask questions;
- seek advice;
- raise concerns;
- access appropriate training;
- discuss changes to a pupil's needs; and
- seek management support where arrangements are difficult or unclear.

Staff should never feel pressured to undertake a procedure for which they are not appropriately trained or authorised.

29. Parents and carers

The school will work in partnership with parents/carers to understand and support each pupil's intimate care needs.

Parents/carers should be informed about:

- the nature of their child's intimate care needs;
- the school's proposed arrangements;
- any individual care plan;
- relevant changes to arrangements;
- significant incidents or concerns; and
- any need to seek further professional advice.

Where a child requires unplanned assistance with intimate care and does not have an established care plan, parents/carers will normally be informed on the same day.

Information should be communicated sensitively and through an appropriate confidential method. Safeguarding considerations will always take priority where sharing information with parents/carers could place a child at increased risk of harm.

30. Concerns, complaints and review

Parents/carers and pupils may raise concerns about intimate care arrangements.

Concerns should initially be raised with the relevant member of staff or the Headteacher. Where appropriate, the school's complaints procedure should be followed.

Where a concern relates to safeguarding, it must be managed under the school's safeguarding procedures.

Where a concern relates to an individual member of staff, the school's allegations and staff conduct procedures will apply.

This policy will be reviewed annually and sooner where required by:

- changes to legislation;
- changes to statutory guidance;
- safeguarding reviews or learning;
- changes to school arrangements;
- changes to relevant medical or health guidance; or
- identified concerns arising from practice.

31. Roles and responsibilities

Local School Board

The Local School Board is responsible for ensuring that:

- the school has an appropriate intimate care policy;
- safeguarding arrangements are effective;
- the policy is reviewed regularly;
- relevant statutory guidance is considered; and
- appropriate resources are available to support safe intimate care.

Headteacher

The Headteacher is responsible for:

- implementing this policy;
- ensuring appropriate staffing arrangements;
- ensuring safeguarding concerns are managed appropriately;
- ensuring staff receive appropriate training;
- responding to concerns about staff conduct; and
- ensuring appropriate action is taken where the policy is not followed.

Designated Safeguarding Lead

The DSL is responsible for:

- responding to safeguarding concerns;
- advising staff;
- ensuring concerns are recorded appropriately;
- making referrals where necessary;
- ensuring safeguarding information is shared appropriately; and
- working with relevant agencies.

SENCO

The SENCO will:

- support identification of pupils requiring additional intimate care;
- contribute to individual care planning;
- ensure communication and SEND needs are considered;
- liaise with parents/carers and professionals where appropriate; and
- monitor whether reasonable adjustments are being made.

Staff providing intimate care

Staff are responsible for:

- following this policy;
- following individual care and healthcare plans;
- maintaining dignity and privacy;
- using appropriate communication;
- maintaining professional boundaries;
- recording care appropriately;
- reporting safeguarding concerns immediately; and
- seeking advice where they are unsure.

Parents/carers

Parents/carers are expected to:

- provide relevant information about their child's needs;
- contribute to individual care planning;
- inform the school of relevant changes;
- work collaboratively with school staff and professionals; and
- raise concerns promptly.

32. Related documents

This policy should be read alongside:

1. Child Protection and Safeguarding Policy
2. Staff Code of Conduct / Staff Behaviour Policy
3. SEND Policy
4. Supporting Pupils with Medical Conditions Policy
5. First Aid Policy
6. Health and Safety Policy
7. Equality Information and Objectives
8. Data Protection and Confidentiality Policy
9. Whistleblowing Policy
10. Allegations Against Staff / Managing Allegations Policy
11. Educational Visits Policy
12. Physical Intervention / Restrictive Practice Policy, where applicable

Appendix 1 – Individual Intimate Care Plan

CHILD NAME											
Individual Intimate Healthcare Plan 											
Date of birth:											
Year / class:											
Emergency contacts:											
<table border="1"><thead><tr><th>Name</th><th>Relationship</th><th>Number</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>	Name	Relationship	Number								
Name	Relationship	Number									
<u>Nature of Intimate Care Required</u> Please describe the pupil's current intimate care needs. • Incontinence (urinary and/or bowel) • Medical or developmental need affecting toileting • Constipation or other bowel concerns • Delayed or emerging toilet training • Sensory or physical difficulties • Communication needs relating to intimate care • Changing continence products • Support with cleaning after toileting • Support with dressing/undressing or clothing fastenings • Menstrual/personal hygiene support • Other:											
<u>Child's Independence and Participation</u> Level of independence: ☐ Independent ☐ Prompting required ☐ Some assistance required ☐ Full support required <u>Personal Care Support</u> The child may require support with: • Prompting to use the toilet • Clothing fastenings • Changing soiled clothing • Cleaning after toileting • Handwashing • Changing continence products (if applicable) Staff will encourage independence wherever possible whilst ensuring dignity, privacy and safety are maintained											
<u>Communication</u> Preferred communication method(s):											

Hygiene and Infection Control

School staff will:

- Follow handwashing procedures before and after care.
- Safely dispose of waste materials.
- Clean and disinfect any contaminated surfaces.

Intimate Care Arrangements

Support will be provided by:

- Staff known to the child where possible.
- A second adult will be present where this is identified as necessary, safeguarding arrangements or circumstances at the time.
- Staff will inform an appropriate colleague when providing intimate care alone, in accordance with school procedures.

The child's dignity and privacy will be maintained at all times by:

- Care will be provided in an appropriate private area.
- The pupil will be covered/exposed only to the extent necessary.
- Staff will explain what they are doing before and during care.
- The pupil will be encouraged to participate wherever possible.
- Staff will respect the pupil's wishes, communication and individual needs.
- Intimate care will be provided by authorised staff in accordance with the pupil's needs and this plan

How the Condition/Need is Managed

- Parents will provide spare clothing and any required continence products,
- School staff will follow agreed intimate care policy,
- Any concerns regarding toileting patterns, skin irritation, constipation or wellbeing will be reported to parents,
- Records will be maintained of support provided.

Visits and Trips

- Toileting supplies and spare clothing will accompany the child on educational visits.
- Suitable changing facilities will be identified ahead of the trip
- Risk assessments will consider intimate care requirements.
- Staff will be available to provide appropriate support.
- The pupil's dignity, privacy, safety and communication needs will be considered.

Health Concerns and Escalation

Parents/carers will be contacted if:

- There is a significant change in toileting patterns.
- The child appears unwell.
- There is evidence of pain, bleeding, infection or severe constipation.
- Supplies of continence products or spare clothing are exhausted.
- Medical assistance will be sought where appropriate.

Supplies Required in School by parents/carers

- Spare underwear
- Spare clothing
- Wet wipes
- Continence products (if required)
- Cream/barrier cream (if prescribed)
- Other:

Safeguarding and Distress Arrangements

Any unusual distress, injury, disclosure, allegation or safeguarding concern must be reported to the DSL/Deputy DSL without delay in accordance with the school's safeguarding procedures.

Recording and Information Sharing

Routine care will be recorded proportionately in accordance with school procedures. Significant changes, unusual distress, injuries, incidents, disclosures or safeguarding concerns must be recorded and reported through the appropriate school system.

Where parents/carers need to be informed, information will be shared confidentially and in accordance with safeguarding and data protection arrangements.

Staff Reminder

Intimate care must always be provided with dignity, privacy, respect and appropriate professional boundaries. Staff must follow this plan, the school's Intimate Care Policy and relevant healthcare arrangements. Any safeguarding concern must be reported to the DSL or Deputy DSL without delay.

Consent:

I consent to staff supporting my child with their toileting and intimate care needs in accordance with this plan.

Print Name:	Sign:	Relationship:
Issued by:		Date:
Next planned review:		This plan will be reviewed at least annually and sooner if the pupil's needs, medical advice, staffing arrangements or circumstances change.

Appendix 2 – Intimate Care Record



Individual Care Log

Child's Name: _____

Year:

[illegible]