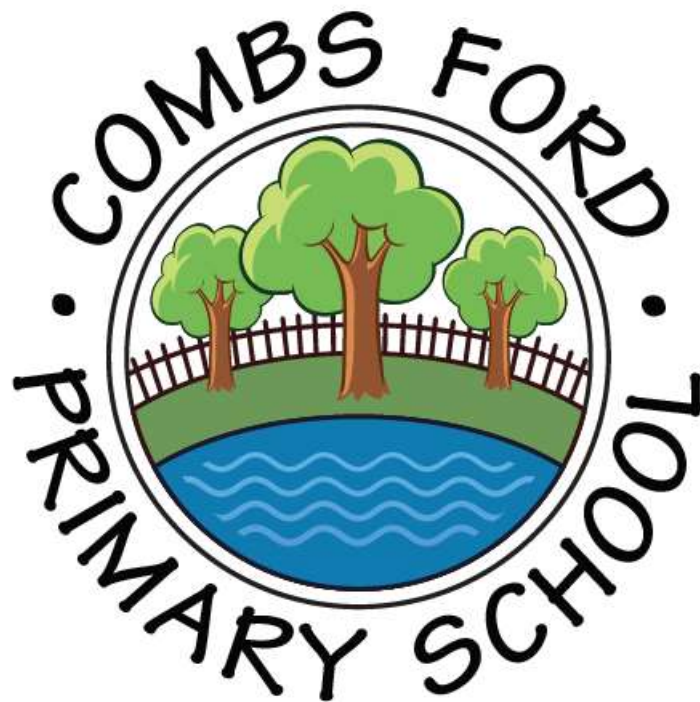


Combs Ford Primary School

Intimate Care Policy



Prepared By:	Matt Wesley (Headteacher)	Date: April 2026
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Principles

- All staff at Combs Ford Primary School have a responsibility to safeguard and promote the welfare of the children and young people in their care. Meeting a child's intimate care needs is one aspect of safeguarding.
- The Governing Body recognises its duties and responsibilities in relation to the *Equality Act 2010* and *UN Convention on the Rights of Disabled People* which requires that any child with an impairment that affects their ability to carry out day-to-day activities must not be discriminated against.
- This intimate care policy should be read in conjunction with the following:
 - Safeguarding Policy
 - Health and Safety Policy and Procedures
 - Policy for Supporting Children with Medical Needs
 - Special Educational Needs Policy
 - Staff Code of Conduct
- Combs Ford Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.
- Combs Ford Primary School recognises that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity is of paramount importance. No child should be attended to in a way that causes distress or pain.
- Staff will work in close partnership with families to share information and provide continuity of care.
- The Intimate Care Plan and written permission from families will be reviewed at least annually or whenever there is a need for review.

What is meant by Intimate or Personal Care?

Intimate care is any personal care that most people usually carry out for themselves, but that some children need assistance with due to their age, physical difficulties or other special needs. It can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products, personal hygiene or personal care which demand direct or indirect contact with, or exposure of, personal parts of the body.

These could include:

- Supporting a child with dressing and undressing (underwear);
- Cleaning a young or disabled child who has soiled themselves;
- Changing a child who is incontinent;
- Applying cream (e.g. eczema creams);
- Help with toileting for children who are unable to manage by themselves;
- Supervising children involved in intimate self-care.

Personal care may often involve touching another person but is less intimate and more socially acceptable and usually has the function of helping with personal presentation. These tasks do not invade conventional personal, private or social space to the same extent as intimate care.

These could include:

- Skin care/applying external medication;
- Feeding;
- Administering oral medicine;
- Hair care;
- Dressing and undressing (outer clothing);
- Washing non-intimate body parts.

A situation requiring intimate or personal care may be an irregular and unusual event, or in the case of children with physical impairments or other special needs it may be a regular and integral part of an individual care plan.

Best Practice

All staff at Combs Ford Primary School are trained in Safeguarding. Staff who provide intimate care are trained to do so in accordance with the needs of the child they are providing this care for. This may include training from a health professional and manual handling training if appropriate. Staff are made fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate. A training record will be kept by the CPD lead.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. As an additional safeguard, wherever possible, staff involved in meeting intimate care needs will not, where possible, be involved with the delivery of sex education to the same children. This is an additional safeguard to both staff and the child or young person involved.

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the child is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

Each child's right to privacy and dignity will be respected and so each child should be supported to achieve the highest level of autonomy that is possible, given their age and abilities. Staff will encourage each child to do as much for themselves as possible.

Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible, one child will be dealt with by one adult unless there is sound reason for having more adults present. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care. In cases where a decision has been made that 2 members of staff are required for intimate care

work, it is not always necessary for supervision to be 'close'. It is acceptable for the second member of staff to be nearby but not so close as to distress the child or cause them to feel that their dignity has been unduly compromised.

Children who require regular assistance with intimate care have written care plans agreed by staff, families and any other professionals actively involved, such as school nurses or physiotherapists (see Appendix 1). Where an intimate care plan is not in place, families will be informed the same day if their child has needed help with meeting intimate care needs (e.g.: has had an 'accident' and soiled themselves). It is recommended practice that information on intimate care should be treated as confidential and communicated in person, by telephone, email or by sealed letter.

Wherever possible the same child will not be cared for by the same adult continually – there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

If necessary, advice should be taken from the local council regarding disposal of large amounts of waste products.

Child Protection

All staff must be familiar with and adhere to the school's *Safeguarding Policy* with regard to *Safeguarding and Child Protection Procedures*.

From a safeguarding perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching parts of a child's body. In this school best practice will be promoted and all adults will be encouraged to be vigilant at all times.

All children will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. unexplained marks, bruises, soreness etc they will immediately report concerns to the Senior Designated Safeguarding Lead (DSL), in this case Miss Helen Fuller. In their absence, concerns must be reported to one of the Alternate Designated Safeguarding Leads. A clear written record of the concern will be recorded on MyConcern and a referral made to Customer First if necessary, in accordance with the Safeguarding policy.

If a child becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the DSL, who will investigate the matter

and record the outcomes. Families will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issues are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against an adult working at the school, all necessary procedures will be followed in accordance with *Safeguarding Policy – Allegations Against Staff*.

Personal Protective Equipment (PPE)

Standard, disposable gloves (as used for first aid) should be used for intimate care. Gloves should be well-fitting.

Disposable aprons (single uses) may be required in exceptional circumstances to protect both the carer and the child from the risks of cross-infection.

Gloves are not a substitute for hand hygiene. Gloves must be discarded after use and hands should always be thoroughly washed following removal.

Record Keeping

It is good practice for a written record to be kept in an agreed format every time a child requires assistance with intimate care, including date, times and any comments such as changes in the child's behaviour. It should be clear who was present. Where intimate care needs are more frequent each child will have their own record sheet to record patterns in toileting and if required to hand onto parents/carers, GP or the school nurse.

An Intimate Care Record is available in the Appendix.

Appendix 1: Intimate Care Plan

Intimate Care Plan – Guidance for Use

Combs Ford Primary School's Intimate Care Plan is based guidance from *Bladder and Bowel UK and ERIC (The Children's Bowel and Bladder Charity)*.

The plan is an individualised protocol to ensure that the process of giving and receiving care is respectful, tailored to the individual needs of a child or young person and promotes safety for those receiving and administering the care.

It is recommended that where intimate care is required, an individual plan is drawn up and updated regularly. A six-monthly review would be good practice. It is advisable to have a named person who takes the lead and this needs to be identified on the plan.

As far possible, one plan can be usable across different settings such as school, short breaks, link care etc. Discretion needs to be used as to whether it is appropriate for home use.

This plan should highlight particular areas of risk and sensitivity.

The child or young person's choices and preferences need to be considered and incorporated into the plan as far as possible.

Description of Difficulty

Use this space to describe the needs of the child/young person and record the best method agreed for providing the intimate care, e.g. *"N" needs full assistance for their toileting needs. They do not indicate a need to go to the toilet or when wet or soiled. "N" needs assistance to transfer onto a changing table using a hoist and sling from the wheelchair. "N" can assist with cleaning their hands by sitting at the wash basin in the wheelchair and placing their hands under the running water and rubbing them with soap.*

Task

Select a part of the whole intimate care process, which could be developed to encourage the child or young person's independence. This may be only one stage of the whole process, but more can be added. If possible, involve the child or young person in selecting which part of the task to focus on. For example, *"N" will assist in taking the wipe and assist in their own personal cleaning.*

Actions

A detailed plan of what is needed for "N" to be able to achieve the selected task, e.g.:

1. 2 staff members will assist "N" to move from wheelchair to the changing bench (using a hoist and sling as demonstrated).
2. When "N" is lying on the bench give a verbal or visual cue that the pad will be removed.
3. Undo tapes and remove and dispose of pad.

4. Give a verbal or visual cue that a wipe is to be used.
5. Assist “N” in taking the wipe and prompt verbally or visually for them to complete the cleaning as required.
6. If additional cleaning is required, explain this to “N” and staff member to complete the task.
7. Give verbal or visual prompt to say that you are now going to put on a clean pad.
8. Replace clothing and transfer back to wheelchair (using equipment as before).

The frequency of review will depend on the complexity of the task and progress of the individual. Circumstances may change which require more frequent review. This will work best if all people involved feel that they have some influence in the process.

Care Plan

Name:	
Date of Plan:	
Name of People Creating the Plan and Job Role:	
Description of Difficulty:	
Outline of Daily Routine Supporting Toileting:	
Task If practical, it may be possible to identify one part of the Intimate Care Routine which gives the child/young person an opportunity to have a little more independence.	
Action Plan – Describe the steps needed to achieve this task	
1.	
Any external agency involvement or medication	
Details of help required for personal care, who will provide this, where and how	
Arrangements for sporting activities, school visits, etc.	
Name of Parent or Carer	
Signature of Parent or Carer	
Date Parent or Carer Signed Plan	
Name of School Representative	
Job Role of School Representative	
Signature of School Representative	
Date School Representative Signed Plan	

Appendix 2: Intimate Care Record

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