

# Brunshaw Primary School



***‘Inspiring children to be resilient and aspirational learners,  
within a positive and considerate community.’***

## Intimate Care Policy

September 2026  
Agreed by Governors: July 2026

Brunshaw Primary School is committed to safeguarding and promoting the welfare, dignity and rights of all pupils. This Intimate Care Policy sets out principles, responsibilities and practice for staff who support pupils with intimate care needs in a safe, sensitive and consistent way. It supports our vision of "inspiring children to be resilient and aspirational learners, within a positive and considerate community" by ensuring inclusion, respect and high expectations for all pupils, including those with Special Educational Needs and Disabilities (SEND).

This policy is written to reflect current UK legislation and statutory guidance including, but not limited to:

- Keeping Children Safe in Education (2026)
- Working Together to Safeguard Children (2024)
- The Children and Families Act 2014 (SEND provisions)
- The Equality Act 2010
- Data Protection Act / UK GDPR
- Health and Safety at Work etc. Act 1974 and associated regulations
- It also follows best practice guidance from educational and safeguarding bodies.

### **Purpose**

- Ensure pupils' intimate care needs are met appropriately, safely and respectfully.
- Protect pupils' dignity, privacy and rights.
- Provide staff with clear procedures and responsibilities to reduce risk and ensure consistency.
- Ensure partnership with parents/carers and outside agencies when appropriate.
- Ensure compliance with safeguarding, health & safety, equality and data protection requirements.

### **Scope**

This policy applies to:

- All pupils at Brunshaw Primary School, including those in The Meadows SEND Inclusion Base unit, whose intimate care needs require support at school.
- All staff employed by the school (teaching, support, volunteers and supply staff) who may undertake intimate care.
- Visitors and contractors where relevant.

Children in Early Years/Key Stage 1, pupils with SEND or medical conditions will more likely

require intimate care support.

## **Definitions**

**Intimate care** — tasks associated with bodily functions and personal hygiene that require direct contact with intimate areas (toileting, nappy changing, catheter/stoma care, assisted menstrual care).

**Personal care** — tasks where dignity/privacy is important but contact is non-intimate (supervision while changing, prompting).

**Clinical/medical procedures** — tasks requiring clinical training (e.g. catheterisation, PEG feeding).

**First aid** — urgent care to preserve life or limb. This policy covers intimate and personal care; clinical procedures require specialist training and separate Health Care Plans.

## **Principles**

- Pupils will be treated with respect, dignity and sensitivity at all times.
- Wherever possible, pupils will be encouraged to act independently and take an active role in their own care.
- Intimate care will be provided in a way that compatible with the pupil's right to privacy and promotes self-esteem.
- Staff must work in partnership with parents/carers and specialist services (e.g. school nursing, therapists).
- Safeguarding takes precedence: if any staff member has concerns about a pupil's welfare during intimate care, they follow the school's safeguarding procedures and notify the DSL immediately.
- Practice must be non-discriminatory and promote equality of access and provision.
- All intimate care will be risk-assessed, recorded, and reviewed regularly.
- Responsibility for intimate care oversight within school is the Medical lead.

## **Roles and responsibilities**

### **Governing Body / Nominated Governor**

- Ensure this policy meets statutory requirements and is reviewed regularly.
- Monitor implementation and receive annual report on termly findings from Medical Lead.

### **Headteacher / SLT**

- Ensure policy implementation, staff training and resourcing.
- Ensure effective systems for recruitment, DBS checks and supervision are in place.
- Monitor incidents and maintain oversight of intimate care practice.

**Designated Safeguarding Lead (DSL)**

- Provide safeguarding advice and support to staff undertaking intimate care.
- Ensure timely action if welfare concerns arise.
- Keep records of safeguarding referrals and concerns linked to intimate care.

**Medical Lead**

- Ensure personalised plans (Individual Intimate Care Plans, Personal Care Plans, or Health Care Plans) are in place for pupils who require them.
- Coordinate multi-agency input (therapists, school nurse, NHS professionals).
- Support staff with training needs and reasonable adjustments.
- Audit intimate care records, training compliance and IICPs termly and report anonymised findings to governors annually.

**Class teachers / Support staff undertaking intimate care**

- Follow agreed intimate care procedures and personalised plans.
- Respect pupil dignity and privacy.
- Maintain records of intimate care provided.
- Report any safeguarding or health concerns immediately to the DSL.
- Never provide intimate care alone where that can be avoided (see staffing and supervision).

**Parents / Carers**

- Share relevant information about their child's intimate care needs and preferences.
- Work with school to create and review Individual Intimate Care Plans.
- Provide spare clothing and necessary equipment where appropriate.

**Pupils**

- Be involved as much as possible in decisions about their own intimate care.
- Be encouraged and supported to develop independence.

**Visiting professionals and contractors**

- Respect and follow school policy and procedures.
- Provide evidence of appropriate checks (DBS, professional registration) before working with pupils.
- Work under school guidelines and only perform intimate care tasks with school consent and appropriate records.

**Training**

All support staff in school may be expected to support intimate care as part of their role and will receive intimate care training should the position require this which includes:

- Safeguarding children (including spotting signs of abuse)
- Manual handling and moving (if required)
- Infection control and universal precautions (gloves, disposal)
- Specific medical or clinical procedures where needed (e.g. catheter care)— only after specialist training
- Records and data protection
- Strategies to promote pupil independence and communication

All staff who may be required to provide intimate care will receive training at induction and refresher training annually, including: safeguarding (recognition of abuse), infection control and PPE use, manual handling where required, dignity and communication strategies, record-keeping and data protection. Clinical procedures (catheter/stoma/PEG) will only be undertaken by staff who have received formal competence-based training and whose competence is reviewed annually.

### **Supervision and professional boundaries**

- Intimate care should, wherever reasonably possible, be provided by a staff member of the same gender as the pupil. If this is not possible, the pupil's preferences, dignity and cultural needs should guide decisions; in these instances a second staff member should be present or nearby and the absence of same-gender staff must be recorded with rationale.
- Where same-gender staff are not available, staff should seek to ensure a colleague is present or nearby.
- Staff must maintain professional boundaries and avoid any behaviour which could be misinterpreted.
- No member of staff should be required to undertake intimate care tasks for which they have not received appropriate training. Where a member of staff has a genuine concern about undertaking such tasks, this must be discussed with the Headteacher, deputy head or Head of Inclusion and suitable arrangements will be made to ensure the child's needs are met without delay.

### **Personalised planning and consent**

#### **Individual Intimate Care Plans (IICP)**

An IICP must be developed for any pupil who requires regular intimate care and a signed copy is kept in the class SEND file and electronically stored on a child's individual CPOMS record. It should include:

- Name, class, photo ID
- Description of the intimate care need and frequency
- Level of pupil involvement/independence
- Preferred procedure agreed with parents and (where appropriate) pupil
- Use of protective equipment (gloves, aprons)
- Specialised equipment required (hoists, commodes, wipes, clinical supplies)
- Arrangements for off-site visits – discussed and agreed with parents before any trip
- Record-keeping procedures
- Safeguarding considerations and triggers for referral
- Review date and signatures (parent, pupil where appropriate, SENCo)

### **Consent and parental partnership**

- Where a child requires regular intimate care, an Individual Intimate Care Plan (IICP) will be developed by the Class Teacher in partnership with parents/carers and, where appropriate, the child. The plan will be formally agreed and signed by all relevant parties as an accurate record of the child's needs and agreed procedures.
- Parents/carers will provide a supply of resources to allow school to follow the IICP including spare uniform if this is a regular occurrence.
- An IICP includes written parental/carer consent for agreed intimate care tasks. For regular planned intimate care as described in an agreed IICP, parents will be informed of changes/concerns but need not be informed of every episode.
- Where a child has identified medical needs, a Health Care Plan (HCP) will be developed in collaboration with school nursing services and/or relevant medical professionals, and Schools Medical Lead which will be used in conjunction with the Individual Intimate Care Plan (IICP).

### **General Principles**

- Intimate care will be carried out in a designated facility (e.g. toilet, changing area, or accessible toilet) that provides a safe, hygienic environment and appropriate privacy arrangements.
- The dignity of the child will be maintained at all times. Staff will avoid unnecessary exposure, use appropriate privacy measures (e.g. screens or curtains), and explain procedures in a way the pupil can understand.
- The child will be supported to understand the care being provided and, wherever possible, their consent will be sought before each action. If this is not possible this will have been discussed with family when creating the IICP.
- Staff will inform another adult prior to providing intimate care, in line with safeguarding procedures.
- Parents/carers are to provide all necessary personal items for intimate care, including

nappies/pull-ups, wipes, nappy bags, underwear and a change of clothing. These requirements will be clearly outlined in the IICP and shared with parents/carers from the outset.

- School staff will inform parents/carers when supplies are running low; however, it remains the responsibility of parents/carers to ensure that items are replenished as needed.
- School will ensure that staff have access to appropriate personal protective equipment (PPE), including disposable gloves and aprons, and suitable cleaning materials to maintain hygiene standards.
- Where regular nappy changing and intimate care takes place, appropriate clinical or offensive waste disposal facilities will be provided. Waste will be stored securely and collected by a licensed waste contractor in line with health and safety and infection control guidance.
- A written record of each intimate care episode will be completed using the Intimate Care Record Form.
- Where an IICP is in place, information will be shared with parents/carers in accordance with the agreed arrangements, and they will be informed of any concerns, changes, or unusual incidents.
- Where intimate care is provided on an occasional or unplanned basis and no IICP is in place, parents/carers will be informed on the same day.

#### Step-by-step practice (example)

- Prepare the area with all required supplies before bringing the child.
- Explain to the child what will happen in simple, reassuring language/visuals.
- Encourage child where possible (e.g. take off trousers using a backwards chaining approach). Where appropriate older children will be given the opportunity to change his/her underwear in private and carry out this process themselves.
- Staff maintain contact and positive reassurance at all times.
- Clean and change child, place soiled items in sealed bag/nappy sack for parent collection or dispose of as per medical waste guidance.
- Wash child's hands or provide hand hygiene, then staff remove PPE and wash hands.
- Record details, including time, staff present, the care provided, and any concerns.
- If necessary, any concerns are recorded on the individual child's CPOMS record.

#### Emergency and one-off intimate care

- For one-off intimate care provided outside an IICP, the caregiver will record the incident and inform parents on the same day.
- Emergency verbal consent: If immediate action is required and parents cannot be contacted, staff may proceed in loco parentis; attempts to contact will be recorded."

## **Safeguarding, concerns and disclosures**

- Any signs of unusual markings, bruising, distress, or sexualised behaviour discovered during intimate care must be treated as a safeguarding concern and reported to the DSL immediately.
- Staff must follow the school's safeguarding procedures and complete a written report, preserving records and evidence.
- If a pupil makes a disclosure during intimate care, do not promise confidentiality; inform the DSL without delay.
- Allegations against staff: follow the school's Allegations Management policy and statutory guidance. The member of staff should be removed from intimate care duties pending investigation where appropriate.

## **Record Keeping**

Intimate care episodes must be recorded immediately on the Intimate Care Record Form (see annex A) detailing:

- Pupil name, date of birth, class, year group
- Date and time of intimate care
- Staff Member who carried out intimate care
- Type of change
- Any concerns noted (rash, injury, constipation)
- IICPs and consent forms are stored securely in line with data protection policies and accessible to relevant staff.
- The Intimate Care Record Form to be stored in the intimate care file in the designated care area and once fully complete to be scanned to the pupil's CPOMS secure electronic record. The paper version will then be destroyed in line with GDPR as the record will be saved electronically and transferred to the next school when the child leaves Brunshaw.

## **Health & safety and infection control**

- Follow standard infection control procedures: use of disposable gloves/aprons, hand hygiene, safe disposal of waste.
- If clinical waste is generated, it must be disposed of in accordance with clinical waste regulations.
- Provide appropriate training for manual handling (moving & handling) where needed.
- Ensure changing areas are safe, hygienic with washable surfaces and access to hand-washing facilities.

## **Privacy, dignity and equality**

- Ensure a culture of respect; never use intimate care as a punishment or threat.
- Ensure pupils with specific cultural, religious or gender-related preferences have those preferences respected where possible.
- For older pupils (Y4/5/6) and during puberty/menstruation, provide appropriate sanitary products, private disposal bins, and age-appropriate information and support.
- Where spiritual or cultural requirements impact intimate care, the school will discuss these with parents and include them in the IICP.

## **Off-site visits, trips and transport**

- For any trip where intimate care may be required, the trip leader must ensure IICP is carried, risk assessments updated, parents provide written consent for off-site intimate care arrangements, and that appropriate staff (with training) attend.
- Where intimate care may be needed on transport arranged by school, appropriate staffing, privacy and risk assessment arrangements must be in place.

## **Providing comfort or support to a child**

There are situations and circumstances where children seek physical comfort from staff (particularly children in Early Years and Key Stage 1). Where this happens, staff need to be aware that any physical contact must be kept to a minimum. When comforting a child or giving reassurance, staff must ensure that at no time can the act be considered intimate. If physical contact is deemed to be appropriate, staff must provide care which is professionally appropriate to the age and context. If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable. If a child touches a member of staff, as noted above, this should be discussed, in confidence with the Designated Senior Leader for Safeguarding.

## **Swimming**

Children participate in a swimming programme at St Peter's Centre. Children are entitled to respect and privacy when changing their clothes however, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying, teasing or other unacceptable behaviour does not occur. Where a child needs additional support for changing, parent/carer permission will be sought, and a personal care plan may be drawn up so as to maintain dignity but increase independence.

## **Residential Trips**

Residential educational visits are an important part of any child's experience. Particular care is required when supervising pupils in this less formal setting. As with Extra-Curricular Activities, although more informal relationships in such circumstances tend to be usual, staff are still guided by our Safeguarding & Child Protection procedures, and Positive Relationships & Behaviour Policies. Some specific Intimate Care issues may arise in a Residential context. Showering children are entitled to respect and privacy when changing their clothes or taking a shower. However, there must be the required level of supervision to safeguard young people with regard to health and safety considerations, and to ensure that bullying, teasing or other unacceptable behaviour does not occur. This means that staff should announce their intention of entering changing rooms, avoid remaining in changing rooms unless a pupil's needs require it, avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour. Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore staff need to be vigilant about their own conduct, e.g. adults must not change in the same place as children or shower with children. It is best practice in our school that when an incident has taken place that has necessitated a member of staff to be present when children are changing that an incident report is made.

### **Complaints and dispute resolution**

Any concerns by parents/carers about intimate care should be raised with the Class Teacher, Medical Lead or SENCo in the first instance. If unresolved, follow the school's Complaints Policy. Serious safeguarding concerns should be reported to the DSL immediately.

### **Monitoring, audit and governance**

The Medical Lead/SENCo will audit intimate care records, training compliance and IICP termly and report anonymised findings to SLT and the nominated governor for safeguarding annually.

This policy is reviewed annually or sooner following legislation, guidance or school practice.

Policy approved by: Mrs Smith, Headteacher  
Signed: July 2026  
Chair of Governors: Mr Herbet

**September 2026**  
**Review Date: July 2027**

## Annex A



### Intimate Care Plan Record 26.27

|       |  |      |  |
|-------|--|------|--|
| Name  |  | DOB  |  |
| Class |  | Year |  |

| Date | Time | Staff Member | Type of Change<br>(Wet/soiled) | Any concerns noted (rash, injury,<br>constipation) |
|------|------|--------------|--------------------------------|----------------------------------------------------|
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