BIRKENHEAD
HIGH SCHOOL ACADEMY

GDST
GIRLS' DAY SCHOOL TRUST

Intimate Care Policy

Approved / reviewed by:	Maryanne Ramsbottom
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Birkenhead High School Academy

Intimate Care Policy

Introduction

Intimate care is any care which is associated with invasive procedures relating to bodily functions, bodily products and personal hygiene which demands direct or indirect contact with or exposure of intimate parts of the body, such as changing a child's nappy or cleaning up after a child who has soiled themselves. In addition, some children may need help with dressing/undressing or using the toilet. Most children can carry out these functions themselves but it is recognised that some are unable to due to physical disability, learning difficulties, medical needs or needs arising from the child's stage of development such as those in our Early Years provision.

Intimate care is any care which involves one of the following:

- Assisting a child to change their clothes
- Changing or cleaning a child who has soiled themselves
- Children wearing nappies
- Supervising a child involved in intimate self-care
- Providing comfort to an upset or distressed child and limited touch
- Swimming
- Residential trips
- Periods
- Positive handling
- Providing first aid assistance
- Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided. *

** In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure. Parents have the responsibility to advise the school of any known intimate care needs relating to their child.*

This Intimate Care Policy has been developed to safeguard children, support staff and ensure good practice is followed. At BHSA all staff are checked with the Disclosure and Barring Service (DBS) and we are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional and caring manner at all times. We believe that the intimate care of children cannot be separated from other aspects of their learning and development and we believe that every child has the right to feel safe and secure. We do not discriminate against children who have not reached a stage where they can manage their own personal hygiene and as such, welcome all children to participate in our school and provide appropriate support for each child on an individual basis. We recognise the need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

We aim to:

- Safeguard the rights and promote the welfare of all children and young people including those who may be more vulnerable to abuse
- Remove barriers to learning and participation, protect from discrimination and ensure inclusion for all children and young people within our setting
- To provide help and support to pupils in becoming fully independent in personal hygiene
- To treat continence issues sensitively so as to maintain the self-esteem of the child

- Work with parents in delivering a suitable care plan where necessary
- To ensure that staff dealing with continence issues work within guidelines that protect themselves and the pupils involved (ref. to Health and Safety (H&S) Policy and guidelines and Safeguarding Children Policy)
- Provide guidance and reassurance to staff whose duties may include intimate care
- Assure parents and carers that staff are knowledgeable about personal care and that their child's individual needs and concerns are taken into consideration

Our approach

Individual intimate care plans will be drawn up - in alignment with a child's HCP - for particular children as appropriate to suit the circumstances of the child. We will work with parents/carers of a child who requires intimate care to establish a preferred procedure for supporting the child. Where these procedures may require specialist training, we will seek out training for the staff who will be involved in a child's care, ensuring that the child's key-person and at least one other member of staff accesses the training.

Staff members who are known to the child will take on the responsibility for changing children. The staff member who is involved will always ask the child for permission to assist them. The child will be supported to achieve the highest level of autonomy and independence that is possible given their age and ability. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. At BHSA, when two adults are not present during a change, we follow the "One Adult, One Aware" rule: One member of staff carries out the care while informing another colleague who remains within earshot. It is the parent's/carer's responsibility to provide nappies, disposal bags, wipes and a change of clothes.

We appreciate that sometimes children have toileting 'accidents' which are out of character for them. In the event of this, and in the absence of a personal intimate care plan, the child would be fully encouraged and supported to achieve the highest level of autonomy that is possible given their age and ability. Staff will encourage the child to do as much for themselves as possible and parents/carers will be informed the same day. All staff keep an intimate care log of any changes throughout the day - Appendix 2 – Intimate Care Log). On the rare occasion that a child is soiled to a point where they are unable to clean themselves to a comfortable state, parents/carers would be contacted immediately so that the child could be taken home for bathing.

On entry to school, parents will be required to complete Appendix 1 – Permission form for the Provision of Intimate Care.

Intimate Care Plans

Where a pupil has particular needs (e.g. wearing nappies or pull-ups regularly, or has continence difficulties which are more frequent than the odd 'accident', staff will work with parents/carers (and health visitors/school nurse, if appropriate) to set out a care plan to ensure that the child is able to attend daily.

A written individual intimate care plan (see Appendix 4 – Individual Intimate Care Plan) will include:

- Who will change the child including back-up arrangements in case of staff absence
- Where changing will take place
- What resources and equipment will be used (cleansing agents used or cream to be applied?) and clarification of who is responsible (parent/carer or school) for the provision of the resources and equipment.
- How the product, if used will be disposed of, or how wet or soiled clothes will be kept until they can be returned to the parent/carer
- What infection control measures are in place
- What the staff member will do if the child is unduly distressed by the experience or if the staff member notices marks or injuries

- Arrangements for school trips and outings
- Discussions around support from external agencies such as the 0-19 Team or Bladder and Bowel service.

Intimate Care Plan Agreements

In these circumstances it may be appropriate for the school to set up an agreement that defines the responsibilities that each partner has, and the expectations each has for the other. This will include:

The parent/carer:

- agreeing to ensure that the child is changed at the latest possible time before being brought to school
- providing the school with spare nappies or pull ups and a change of clothing
- understanding and agreeing the procedures that will be followed when their child is changed at school –including the use of any cleanser or wipes
- agreeing to inform the school should the child have any marks/rash
- agreeing to review arrangements should this be necessary

The school:

- agreeing to change the child during a single session should the child soil themselves or become uncomfortably wet
- agreeing how often the child would be changed should the child be staying for the full day
- agreeing to monitor the number of times the child is changed in order to identify progress made
- agreeing to report should the child be distressed, or if marks/rashes are seen
- agreeing to review arrangements should this be necessary
- agreeing to follow the procedures when attending to the care or continence needs

This agreement should help to avoid misunderstandings that might otherwise arise, and help parents feel confident that the school is taking a holistic view of the child's needs. Should a child with complex continence needs be admitted, the school will consider the possibility of special circumstances and/or provision being made. In such circumstances, an appropriate health care professional (School Nurse or Family Health Visitor) will be closely involved in forward planning.

Menstrual Health and Wellbeing

We recognise that menstrual health is an essential aspect of personal care and wellbeing. We are committed to creating an inclusive, supportive environment where pupils can manage their periods with dignity, privacy, and without embarrassment or disruption to their education.

Provision and Access to Products

- Free Period Products: Free, suitable sanitary products (including pads and tampons) are made available to all pupils across the school site. These are stored discreetly in designated accessible toilets, medical rooms, and key stage areas.
- Emergency Supplies: Spare uniform items and underwear are kept in school to support pupils who experience unexpected bleeding or staining during the school day.

Facilities and Hygiene

- Disposal: Dedicated, hygienic disposal bins are provided in all female, accessible, and designated individual toilet cubicles. Bins are serviced regularly by a licensed contractor.
- Facilities: Facilities include clean running water, soap, and hand-drying options within or immediately adjacent to toilet cubicles to support proper hand hygiene.

Education and Support

- Discreet Support: Pupils may approach any member of staff or designated key adults (such asKey stage leaders or first aid staff) for assistance or access to products without hesitation.
- Curriculum Integration: Menstrual health education is taught as part of our Relationships and Sex Education (RSE) and PSHE curriculum in an age- and developmentally-appropriate manner. This ensures all pupils understand the physical and emotional changes associated with menstruation, reducing stigma across the school community.
- Managing Symptoms & Reasonable Adjustments: Pupils who experience severe menstrual pain, heavy bleeding, or complex conditions will be supported in line with our Supporting Pupils with Medical Conditions Policy. Reasonable adjustments (such as discreet toilet passes during lesson time) will be agreed upon on an individual basis.

Working with Parents/Carers

We believe that our partnership with parents/carers is an essential principle in our school and is particularly necessary in relation to children needing intimate care. We recognise that the information required to carry out intimate care is gained from parents/carers as is prior permission (see Appendix 1 – Permission form for the Provision of Intimate Care). We acknowledge that cultural influences may affect what is deemed 'intimate' and ensure we pay regard to social, ethnic and cultural perspectives through open dialogue with parents/carers. Parents/carers should be encouraged and empowered to work with staff to ensure that their child's needs are identified, understood and met. When any intimate care is carried out on children with individual care plans, it will be recorded on their own personal record (see Appendix 2 – Intimate Care Log).

The Protection of Children and Safeguarding

Safeguarding procedures will be strictly adhered to at all times in line with our *Safeguarding and Child Protection Policy* and statutory guidance (*Keeping Children Safe in Education*).

- Supervision and Ratios: The normal process of changing continence or wet/soiled clothes should not raise child protection concerns. There is no legal requirement for two members of staff to carry out changing procedures, and DBS checks are completed for all staff before employment. However, to protect both the child and staff, a single practitioner will always inform a colleague before entering the changing area, ensuring another member of staff is nearby and aware.
- Risk Management: Where there is a known risk of false allegations or complex behavioral needs, a single practitioner will not undertake changing alone; two staff members will be present.
- Students and Volunteers: Trainees, placement students, and volunteers are never permitted to carry out intimate care or change a child unsupervised.
- Consistency of Care: Wherever possible, named key staff members will carry out planned intimate care for specific children. This promotes dignity, builds trust, and reduces risk. Contingency arrangements for staff absence will be detailed in the child's *Individual Intimate Care Plan*.
- Responding to Concerns or Disclosures: If a member of staff observes unusual marks, bruises, or skin changes during intimate care, or if a child makes a disclosure or shows signs of distress, this must be reported immediately to the Designated Safeguarding Lead (DSL) in accordance with our Safeguarding Policy.
- Allegations Against Staff: If a child makes an allegation against a member of staff, or if there is a discrepancy between reports, immediate action will be taken under the school's *Managing Allegations Against Staff Policy*.

Health and Safety Procedures

When dealing with personal care and continence issues, staff must strictly follow agreed hygiene and infection control protocols (see Appendix 3 – Procedure for Intimate Care) to protect both the child and themselves. This includes:

- Mandatory use of single-use disposable gloves and plastic aprons.
- Proper hand hygiene before and after providing care.

- Safe disposal of clinical waste and soiled items.
- Thorough sanitisation of changing surfaces between every use.

Monitoring and Review

- The Headteacher, SENDCO, and Inclusion Lead hold joint responsibility for monitoring that agreed intimate care procedures are followed and consistently meet the needs of children and families.
- It is the responsibility of school leadership to ensure all practitioners receive appropriate induction and training regarding this policy.
- Safeguarding Escalation: Any concerns regarding child protection or pupil welfare must be reported directly and without delay to the Designated Safeguarding Lead (DSL) (or Deputy DSL in their absence).
- This policy is reviewed annually and operates alongside other statutory policies, including *Safeguarding and Child Protection*, *SEND*, *Health and Safety*, and *Supporting Pupils with Medical Conditions*.

Appendix 1 – Permission form for the Provision of Intimate Care at BHSA

Intimate care is any care which is associated with invasive procedures relating to bodily functions, bodily products and personal hygiene which demands direct or indirect contact with or exposure of intimate parts of the body, such as changing a child's nappy or cleaning up after a child who has soiled themselves. In addition, some children may need help with dressing/undressing or using the toilet. Most children can carry out these functions themselves but it is recognised that some are unable to due to physical disability, learning difficulties, medical needs or needs arising from the child's stage of development such as those in our Early Years provision. The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues.

If a child wets or soils themselves while they are at school it is important that measures are taken to ensure they are able to change into clean clothes (and if necessary cleaned) as quickly as possible. A member of BHSA's staff, who is known to your child, will carry out this task if you wish them to do so or, if you prefer, the school can contact you or your emergency contact who will be asked to attend without delay. If a child needs regular, ongoing intimate care, for example due to medical issues, parents/carers and staff will also meet to complete an additional individual care plan.

Please become familiar with our intimate care procedures, fill out the consent form (slip or Google Form) stating your preference, and return/submit to school.

Name of Child.....

Class.....

Please tick as appropriate:

☐ I give consent for my child to be changed and cleaned by a member of staff if they wet/soil themselves while in the care of BHSA. I understand this will be one adult, who will ensure the care given is logged, and reported to parents/carers.

OR

☐ I do not give consent for my child to be changed and cleaned if they wet/soil themselves. The school will contact me or my emergency contact and I will organise for my child to be cleaned and changed. I understand that in the event that I (or the emergency contact) cannot be contacted the staff will act appropriately and may need to come into some level of physical contact in order to support the child as part of the basic duty of care.

Signature of Parent/Carer.....

Date.....

Appendix 2 – Intimate Care Log (to be completed by a member of school staff)

Name of child _____

Does the child have an Individual Care Plan? Yes / No. If yes, staff are to refer to this when giving intimate care.

Has the parent/carer given written consent for 1:1 intimate care?

If Yes: Date of consent _____

If no:
Has the parent/carer has requested the parent/carer or emergency contact to be contacted to come to clean & change the child? Yes / No

If it is not possible to reach the parent / carer / emergency contact, or neither of the above permissions have been given, DO NOT UNDERTAKE INTIMATE CARE IF YOU ARE ON YOUR OWN. Follow the procedures for intimate care.

Once care has been given, complete the table below, and ensure that parent/carer is informed of the same information.

Date	Time	Details of toileting and care given, and by whom	Staff print name(s)	Staff signature(s)

Appendix 3 - Procedure for intimate care at BHSA

1. Check any individual care plans and parental permission status for the child's intimate care. If 1:1 intimate care permission has not been given, and parent/carer/emergency contact care is not possible within an acceptable time frame for the child's dignity and wellbeing, ensure there are two members of staff present
2. Consider if the child is able to perform any of the intimate care needs themselves. If so, this is always to be the option taken
3. Consider location: when cleaning/being cleaned and getting changed, are they able to stand in a toilet cubicle? If they need to lie down, there must be a changing mat
4. If intimate care is completely or partially needed to be completed by an adult, the adult must:
    - wash hands
    - assemble any equipment/resources
    - place the child on changing mat / ensure they are standing safely
    - put on gloves
    - remove wet/soiled nappy / underwear and any other soiled garments
    - fold the nappy/underwear/other garments to cover any faecal material
    - nappies to be disposed of in designated bin
    - underwear/other soiled garments to be placed into a sealable plastic bag
    - use wipes/assist child to use wipes to ensure they are clean of bodily fluids/faeces.
    - used wipes and gloves are to be disposed of in a designated bin
    - adult (and child where necessary) to wash hands thoroughly

5. Once the child has been changed / has changed themselves and returned safely to the nursery area or classroom, staff must clean the changing area with a detergent spray or soap and water
6. The intimate care log should then be completed
7. The sealed garments bag is to be placed inside a separate carrier bag and kept in a secure place identified in the child's classroom/school and given to the person collecting the child at the end of the day
8. A message is to be sent to parents/carers detailing the care given. This will be via a face to face conversation at the end of the day/a phone call /answer phone message, or if this is not possible, through Seesaw messaging or email.

Appendix 4 – Individual Intimate Care Plan

Time scale for plan	From	To
Understanding of the pupil		
Brief overview of their needs and the support they need. Any strengths, particular considerations, particular requirements etc		
Pupil's view (Ask who they wish to help them and what support they would like)		
Parent's/Carer's view		
Who will change the child including back-up arrangements in case of staff absence?		
What resources and equipment will be used (cleansing agents used or cream to be applied?) and clarification of who is responsible (parent or school) for the provision of the resources & equipment.		
How the product, if used will be disposed of, or how wet or soiled clothes will be kept until they can be returned to the parent/carer		
What the staff member will do if the child is unduly distressed by the experience or if the staff member notices marks or injuries		

Arrangements for school trips and outings

Target (if suitable)	Resources	Delivery	Timescale
eg. I can pull my trousers up			

Signature of Parent/Carer.....

Child (if appropriate) .....

Staff Involved.....

Headteacher/SENDCO/Inclusion Lead.....

Date.....

Reviewed: October 2026