Dundale Primary School & Nursery

'Belonging, Achieving, Flourishing'

Intimate Care Policy

Policy Review	
Review schedule	Every 2 Years
Reviewing Committee	LGB
Date of Last Review	September 2026
Date of Next Review	September 2028

Dundale Primary School is committed to equality of opportunity for all pupils, staff, parents and carers. This policy has been written and reviewed with due regard to the Equalities Act 2010.

In accordance with statutory visibility requirements, this policy is actively published and easily accessible on the Dundale Primary School & Nursery website for all parents, staff, and external stakeholders to review.

Introduction

Intimate care is any care which involves washing, touching or carrying out an invasive procedure. In most cases, this will involve cleaning for hygiene purposes as part of a staff member's duty of care.

The issue of intimate care is a sensitive one and requires that all staff are respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. All staff should have a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children and young people wherever possible.

Dundale Primary School is committed to making reasonable adjustments to meet the needs of each child. Children will not be excluded nor treated less favourably because of their incontinence. Our 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. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

Continence

Achieving continence is one of hundreds of developmental milestones usually reached within the context of learning in the home before the child transfers to learning in a school setting. In some cases, this one developmental area has assumed significance beyond all others.

Definition of Disability in Equalities Act 2010

The Equalities Act 2010 provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on their ability to carry out normal day-to-day activities. The effect must be substantial and long-term. It is clear therefore that anyone with a named condition that affects aspects of personal development must not be discriminated against. It is also unacceptable to refuse admission to children who are delayed in achieving continence.

Education providers have an obligation to meet the needs of children with delayed self-care in the same way as they would meet the individual needs of children with delayed language or any other kind of delayed development.

Health & Safety

The following procedure will be followed if a child accidentally wets or soils him/herself or is sick on the premises. The same precautions apply for nappy changing.

- Staff will wear disposable gloves and aprons while dealing with the incident.
- Soiled nappies should be double wrapped, or placed in a hygienic disposal unit or domestic waste bins
- The changing area will be cleaned after use
- Hot water & liquid soap is available to wash hands as soon as the task is completed
- Hot air dryer or paper towels are available for drying hands

Child Protection

All staff are DBS checked so the normal process of changing a nappy or clothes following accidental wetting or soiling should not raise any child protection concerns. There are no regulations that indicate a second member of staff must be available or present to supervise the process.

All staff are encouraged to remain highly vigilant for any signs of improper practice as they do for all activities in school.

Staff will adhere to good practice guidelines by telling another staff member that they are about to change a child. They will provide this personal care in an area where the child's dignity can be preserved but other staff are in the vicinity to monitor and hear the process taking place. The staff member will talk to the child about what they are doing to reassure and help the pupil to feel comfortable.

If there is a known risk of false allegation by a child then a single practitioner will not undertake personal care and another member of staff should act as a discreet witness.

Students on placements and volunteers must not engage in intimate care activities. . Volunteers must not deal with the personal care of any child whilst in school.

It is likely that most personal care for children will be undertaken by one of the teaching support staff but teachers may also be required to provide personal care. For pupils who need changing regularly named members of staff will be listed on the intimate care plan.

Procedure for Intimate Care

Parents and the school both agree and sign the Intimate Care Plan (Appendix 1)

In the case of a specific invasive procedure such as the administration of rectal diazepam, only a person suitably trained and assessed as competent should undertake the procedure. Staff training will be provided as required (such as the administration of a prick test for diabetics) to ensure pupils are not excluded from education due to their medical needs.

When changing a pupil, there will be an allocated discreet area. Staff are required to wear gloves when changing a child or involved in an intimate care task.

The child will be changed by an adult he/she is familiar with.

Nappies should be double wrapped and disposed of in the appropriate bins.

The staff member will ask for support if the child is distressed and a phone call will be made to the parent/carer.

If the staff member notices any marks or injuries this will be reported to the Designated Senior Person.

Other Information

- Asking parents/carers to come and change a child does not comply with the Equalities Act. Leaving a child in a soiled nappy or clothing for any length of time pending the return of a parent contravenes the school's duty of care. However, if in rare circumstances a child with ability to change themselves will not do so, or refuses to allow a staff member to change them, the parents/carers need to be called to change the child.

- If a child suffers a bout of diarrhoea/illness the same rules apply but the parent must be contacted to collect the child as soon as possible.
- Depending on the severity of accidental soiling and age/ability of the child it may be appropriate to:
    - encourage the child to clean and change themselves with support close by;

  and/or

    - to advise the parent, either immediately or at the end of the school day, of the incident to enable the parent to repeat/ reinforce the personal care for the child once they are home.
- Parents are expected to provide nappies, gloves, wipes and sacks for children with delayed continence.

Keys to Success

Delayed continence may be linked with delays in other aspects of the child's development and will benefit from a planned programme worked out in partnership with the child's parents/carers and possibly a member of the health team.

There are other professionals who can help with advice and support. The school nurse or health visitors have expertise in this area and can support parents to implement toilet training programmes in the home. Health care professionals can also carry out a full health assessment in order to rule out any medical cause of continence problems.

"Education and Resources for Improving Childhood Continence" (ERIC) has many helpful publications which give additional information on continence issues.

Partnership Working

Parents are more likely to be open about their concerns regarding their child's development and then seek help if they are confident in the partnership between home and school.

When parents/carers and the school sign an Intimate Care Plan (Appendix 1) they agree to expectations that include the following,

The parent/carer:

• Agrees to ensure that the child is changed at the latest possible time before being brought to the school

• Provide the school with spare nappies, sundries and a change of clothing

• Understand and agree the procedures that will be followed when their child is changed at school - including the use of any cleanser or the application of any cream

• Agree to inform the school should the child have any marks/rash

• Agree to a 'minimum change' policy i.e. the school would not undertake to change the child more frequently than if s/he were at home.

• Agree to come into school to change the child if the school has been unable to do so because my child refuses or is distressed.

• Agree to review arrangements should this be necessary

The school:

- Agree to change a child if they soil themselves or become uncomfortably wet
- Agree how often the child would be changed as a minimum during the day
- Monitor the number of times the child is changed in order to identify progress made
- Follow appropriate procedures should the child be distressed, refuses to change or be changed, or if marks/rashes are seen (visit www.hertssafeguarding.org.uk)
- Agree to review arrangements should this be necessary.

This kind of agreement should help to avoid misunderstandings that might otherwise arise and help parents/carers feel confident that the setting/school is taking a holistic view of their child's needs.

Appendix 1:

Dundale Primary School

Intimate Care Plan

Child/Young Person:				**School/Setting:**	Dundale Primary School & Nursery
DOB:		**Male/Female**		**Date:**	

Intimate Care Needs
Any specific support Required

Staff involved in intimate care will normally be those within the year group / phase, but at times alternative adults may be used dependent on staffing. All adults with be members of current staff.

I agree to the above procedures being undertaken: (Please sign as appropriate)

Person for whom the plan is for ……..

Parent/Carer ……..…….……. Classteacher

……..

Date: .....

Date for review: .....