Brontë Academy Trust

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# Bronte Academy Trust
# Oakworth Primary School
# Intimate Care Policy & Guidelines

| Reviewed By | Approved By | Date of Approval | Version Approved | Next Review Date |
|---|---|---|---|---|
| DH / AS | Heads/Chair of Governors | 1 Sep 2026 | V1 | 31 Aug 2027 |
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## 1 AIMS

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, privacy, rights and wellbeing of every child are safeguarded
- Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their child are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

## 2 LEGISLATION AND STATUTORY GUIDANCE

This policy complies with the Department for Education (DfE) statutory safeguarding guidance:

- Keeping Children Safe in Education
- Early Years Foundation Stage (EYFS) statutory framework

## 3 ROLE OF PARENTS/CARERS

### Seeking parental permission

For children who need routine intimate care (e.g. for nappy changes or toileting accidents), parents will be asked to:

- Sign a consent form (see appendix 2)
- Provide an adequate supply of necessary items (e.g. nappies, wipes, creams, changes of clothing)

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to sign a consent form.

For children whose needs are more complex or who need particular support outside of what's covered in the consent form (if used), an intimate care plan will be created with parents/carers (see section 3.2). The school will support all children in working towards their maximum possible level of independence at home and in school, in partnership with parents/carers.

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents/carers afterwards.

### Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (where possible) and any relevant health professionals.

The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents/carers will be consulted.

The plan will be reviewed twice a year, even if no changes are necessary, and updated whenever there are changes to a pupil's needs. See appendix 1 for a template plan.

### Sharing information

The school will share information with parents/carers as needed to ensure a consistent approach. Parents/carers are expected to also share relevant information regarding any intimate matters as needed

## 4 ROLE OF STAFF

**Which staff will be responsible**

Responsibility for carrying out intimate care will be allocated to appropriately trained members of staff.

**All staff undertaking intimate care will:**

- Have received appropriate training and guidance;
- Be deemed suitable to carry out these responsibilities;
- Have undergone an enhanced Disclosure and Barring Service (DBS) check, including a barred list check, alongside all other required safer recruitment checks.

**The Executive Head, DSL and Early years Lead will:**

- Oversee the implementation of this policy
- Ensure that staff receive appropriate training, guidance, and support;
- Oversee the development and review of individual intimate care plans where required;
- Act as a point of contact for parents/carers/staff regarding intimate care concerns

### How staff will be trained

All staff responsible for providing intimate care will receive appropriate training to ensure safe, consistent, and dignified practice.

This will include:

- Training in intimate care procedures;
- Regular safeguarding training in line with statutory requirements.

Staff will be made familiar with this policy, including the principles and expectations outlined within it, and will be expected to apply this guidance in their practice.

Staff will also be expected to be familiar with:

- Relevant risk assessments and associated control measures;
- Hygiene, infection control, and health and safety procedures.
- Staff are expected to seek further guidance and support where required to ensure their practice remains safe, effective, and in line with current expectations.

## 5 INTIMATE CARE PROCEDURES

During nappy changes, toileting and any intimate care procedure, Bronte Academy Trust will balance children's privacy with safeguarding and support needs.

### 5.1 Staffing

All members of staff performing intimate care procedures have an enhanced DBS with barred list check.

In general, 1 member of staff will be present with each child, except for circumstances where:

- 2 members of staff are needed to:
    - Safely handle a child who needs to be assisted
    - Use equipment such as a hoist
- There is a known risk of false allegations by the pupil

In cases where a pupil needs regular intimate care, where possible, the same member of staff will assist the same pupil each time they need support. We will train 2-3 members of staff per child to cover absences, emergencies and school trips. Where possible, we will ensure that these backup members of staff are also people known to the child.

At Bronte Academy Trust, male members of staff may be allocated to change female pupils or vice versa. The decision to allocate a member of staff of a different gender to the pupil will be discussed with the parents/carers and pupil, if appropriate.

### 5.2 Principles of Intimate Care Practice

The Trust adopts the following key principles to guide all intimate care practices:

#### 1. Dignity and Respect

All children have the right to be treated with dignity and respect. Privacy must be maintained at all times, particularly when a child is in a state of undress. Care should be delivered in a sensitive, respectful manner.

#### 2. Planning, Consultation and Consent

Where possible, intimate care arrangements should be planned in partnership with parents/carers and the child. Children should be consulted in a way appropriate to their age and understanding, and consent should be sought before providing care.

#### 3. Safe and Appropriate Physical Contact

Physical contact should always be appropriate to the child's needs, age, and development. Staff must explain what they are doing, seek permission where appropriate, and be sensitive to the child's reactions.

#### 4. Professionalism and Transparency

All care must be delivered in a professional, open, and accountable manner. Staff must adhere to safeguarding guidance and the staff code of conduct at all times.

#### 5. Promoting Independence

Children should be encouraged to develop independence in their personal care wherever possible. Staff should support rather than replace a child's own abilities.

### 6 Consistency of Practice

Staff should follow consistent approaches to intimate care, particularly for children with additional needs, ensuring continuity and reassurance for the child.

### 7 Safeguarding and Vigilance

Any concerns arising during intimate care, including unusual marks, behaviours, or disclosures, must be recorded and reported immediately in line with safeguarding procedures.

### 8. Record Keeping

All intimate care must be recorded accurately, including the date, time, staff involved, and any relevant observations. Records must be factual, confidential, and stored securely.

### 9. Knowing Limits and Seeking Support

Staff must only carry out tasks they are trained and confident to perform. Advice and support should be sought where needed.

### 10. Positive Self-Image and Wellbeing

Intimate care should support children's self-esteem and body confidence. Care should be delivered in a calm, reassuring, and respectful manner.

**5.3 Safeguarding Responsibilities and Concerns**

- Intimate care must always be provided within a strong safeguarding culture where the welfare of the child is paramount. All staff are responsible for maintaining professional boundaries and ensuring that all care is delivered safely, respectfully, and in line with safeguarding procedures.
- Staff must report any concerns about a child's wellbeing, presentation, or the conduct of another adult in accordance with the academy's safeguarding and whistleblowing procedures.
- If a member of staff has concerns during intimate care, including observing physical changes such as marks, bruising, soreness, or unusual behaviour, these must be recorded and reported immediately in line with safeguarding procedures.
- Any accidents or incidents occurring during intimate care, including where a child is unintentionally hurt, must be reported immediately to the appropriate senior member of staff and recorded appropriately.
- If a child makes an allegation against a member of staff, that staff member will cease to provide intimate care to the child as soon as possible. The responsibility will be passed to another appropriate adult, and the allegation will be managed in accordance with the academy's safeguarding and allegations procedures.
- Where there is a noticeable or increasing pattern of soiling, the academy will initially work in partnership with parents/carers and relevant professionals to understand and support the child's needs. If concerns persist, the Designated Safeguarding Lead (DSL) will be informed. Where appropriate, the DSL may seek advice from or refer to external agencies, including the Local Authority Designated Officer (LADO).
- In Early Years settings, or where required, any concerns about a child's safety or welfare will be reported immediately to the local authority children's social care team in line with statutory requirements.
- All incidents, concerns, and actions taken must be recorded accurately, promptly, and confidentially.

**5.4 Specific procedures for nappy changing in nursery / early years**

**Preparation and Hygiene**
All nappy changing procedures must be carried out in a safe, hygienic, and respectful manner. Staff must:

- Wash their hands thoroughly before and after each nappy change;
- Wear appropriate personal protective equipment (PPE), including disposable gloves and aprons;
- Ensure all necessary equipment (wipes, nappies, bags, cleaning materials) is prepared in advance to avoid leaving the child unattended;
- Use designated changing areas that are cleaned before and after each use with appropriate cleaning products.

**Location and Supervision**

Nappy changing must take place in a designated, hygienic changing area within the Early Years setting. The area should:

- Provide privacy for the child while remaining appropriately accessible or observable by other staff (e.g. door ajar or visible area);
- Be equipped with suitable changing facilities and handwashing stations;
- Never leave a child unattended at any point during the procedure.

**Changing Procedure**

Staff must:

- Explain to the child, in an age-appropriate way, what is happening and seek their cooperation;
- Treat the child with dignity and respect at all times;
- Encourage the child's independence where appropriate (e.g. pulling clothing up/down);
- Clean the child using agreed products as outlined in any individual care plan;
- Monitor and note any marks, soreness, or changes in presentation, reporting concerns in line with safeguarding procedures.

**Disposal of Soiled Items**

- All used nappies, wipes, and disposable PPE must be placed in appropriate clinical or hygienic waste bins;
- Soiled clothing should be bagged securely in a plastic bag and returned to parents/carers;
- Any solid waste should be disposed of in the toilet before placing items in bags;
- Staff must ensure waste is handled and stored in line with health and safety guidance.

**Cleaning and Infection Control**

- Changing mats and surfaces must be cleaned and disinfected after each use;
- Staff must follow infection control procedures at all times;
- Hands must be washed thoroughly after removing gloves and aprons.

**Record Keeping**

- A written record of all nappy changes must be maintained.
- In the Early Years setting, this record will be kept in a designated nappy changing record book.
- Each entry should include:
    - The child's name;
    - Date and time of the change;
    - Name/signature of the staff member(s) involved;

    - Any relevant observations (e.g. soreness, marks, concerns, or unusual patterns).
- Records must be accurate, factual, and completed at the time of the care (contemporaneously);
- Any safeguarding concerns identified must be reported immediately in line with safeguarding procedures and not solely recorded in the book.

**5.5 Specific Procedures for Toileting Accidents**

Where pupils start school without being toilet-trained, or where ongoing support is required, staff will work in partnership with parents/carers to agree an appropriate care plan.

The school will monitor and record incidents of toileting accidents and maintain regular communication with parents/carers to review:

- Any relevant medical advice or outcomes;
- Changes in patterns of toileting at home or school;
- The effectiveness of current support arrangements.

In the event of a toileting accident, staff will:

- Respond promptly and sensitively, reassuring the child and maintaining their dignity;
- Support the child in a private and discreet manner, using designated facilities;
- Encourage independence where appropriate, supporting the child to manage as much of their own care as possible;
- Use appropriate hygiene measures, including handwashing and, where necessary, the use of gloves and aprons;
- Ensure soiled clothing is managed in line with school procedures and returned to parents/carers appropriately.

All incidents will be recorded in line with school procedures. Any concerns identified during care will be reported in accordance with safeguarding policies.

**5.6 Facilities and Equipment**

The academy will ensure that appropriate facilities are available to support safe and dignified intimate care. These should:

- Be clean, safe, and accessible;
- Provide privacy while allowing appropriate supervision;
- Include suitable handwashing and hygiene facilities;
- Be regularly maintained and inspected.

Appropriate equipment will be available as required, including protective clothing, cleaning materials, and any specialist equipment identified in a child's care plan.

**5.7 Management of Menstrual Care**

The academy recognises that some pupils may begin menstruating during their time at school. Staff will approach this with sensitivity, ensuring that pupils feel supported while respecting their privacy and dignity.

The school acknowledges that, while menstruation is a natural process and should not carry stigma, many pupils may wish to manage it discreetly. Staff will respond appropriately to individual needs and preferences.

Pupils will be provided with clear, practical guidance on:

- Where sanitary products are located;
- How to use them appropriately;

- How to dispose of them hygienically.

Menstrual products are available at a designated place in each school.

Available products may include [insert items, e.g. sanitary towels, tampons, period pants].
Staff will not normally provide direct physical assistance with changing sanitary products. Where support is required due to specific needs, this will be agreed in advance with parents/carers and documented within an individual care plan.

Age-appropriate education about puberty and menstrual health will be delivered through the PSHE curriculum to ensure pupils are informed and prepared.

## 6 LINKS WITH OTHER POLICIES

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- SEND
- Supporting pupils with medical conditions

## 7. MONITORING AND REVIEW

Declaration of Responsibility

This Intimate Care Policy & Guidelines was reviewed and formally adopted Oakworth AGC on

.....1 September 2026.....Date

.....  .....Signed Chair of Governors

..... .....Signed Executive Headteacher

**Appendix 1: Template Intimate Care Plan**

| PARENTS/CARERS | |
|---|---|
| Name of child | |
| Type of intimate care needed | |
| How often care will be given | |
| What training staff will be given | |
| Where care will take place | |
| What resources and equipment will be used, and who will provide them | |
| How procedures will differ if taking place on a trip or outing | |
| Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan | |
| Name of parent or carer | |
| Relationship to child | |
| Signature of parent or carer | |
| Date | |
| CHILD | |
| How many members of staff would you like to help? | |
| Do you mind having a chat when you are being changed or washed? | |
| Signature of child | |
| Date | |

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

**Appendix 2: Template Parent/Carer Consent form**

| PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE | |
|---|---|
| Name of child | |
| Date of birth | |
| Name of parent/carer | |
| Address and contact details | |
| I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting) | ☐ |
| I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection) | ☐ |
| I understand the procedures that will be carried out and will contact the school immediately if I have any concerns | ☐ |
| I **do not** give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident).<br>Instead, the school will contact me or my emergency contact(s) and I will organise for my child to be given intimate care (e.g. be washed and changed).<br>I understand that if the school cannot reach me or my emergency contact(s), if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning. | ☐ |
| Parent/carer signature | |
| Name of parent/carer | |
| Relationship to child | |
| Date | |

**Appendix 3: Nappy Changing Procedures Poster**

# Nappy Changing Procedures



**Respect & Privacy** - at all times



**Communicate -** talk through what you are doing



**Use a safe space -** designated changing areas only



**Safe disposal** - dispose of nappies and clean area



**Report Concerns -** Rashes, mark, or worries



**Keep a Record -** record it as required

***REMEMBER:***

***Respect • Communicate • Record • Safeguard***

**Appendix 4: 10 Golden Rules of Intimate Care Poster**

# 10 GOLDEN RULES OF INTIMATE CARE



Respect dignity & privacy at all times



Plan, consult and gain consent



Know your Limits - Ask if unsure



Be professional open and accountable



Promote positive body confidence



Record clearly and promptly



Encourage independence



Be consistent in your approach



Report concerns immediately




Safeguarding comes first - ALWAYS!

***REMEMBER:***

***Respect • Communicate • Record • Safeguard***