Ribby with Wrea Endowed C.E. Primary School

INTIMATE CARE POLICY

2026–2027

Our Vision

We understand the uniqueness of all our pupils and encourage them to fulfil their potential. God is at the heart of our loving, inclusive family. We want all who learn and work here and within our community to experience the joy and hope of "Life in all its fullness." (John 10:10)

Policy lead: Rachel Sharp, Headteacher and Designated Safeguarding Lead

Deputy DSL: Matt Hall

SENDCO: Sarah Hargreaves

Safeguarding Governor: Nadia Hunt

Approved by governors: _Autumn 2026

Date adopted: _Autumn 2026

Review due: October 2027

1. Purpose and principles

Ribby with Wrea is committed to safeguarding every pupil while supporting their health, independence, inclusion and personal dignity. Some children require assistance with toileting, changing, washing or other personal care because of age, disability, medical needs or a temporary circumstance. Care will be provided sensitively, without shame or discrimination, and with the child's voice and wellbeing at the centre of decisions. Intimate care must never be withheld as a sanction.

2. Scope and linked policies

This policy applies to all employees and other adults authorised to provide intimate care during the school day, educational visits and school-run activities. It should be read alongside the school's Safeguarding and Child Protection Policy 2026–27, Staff Code of Conduct, Medical Needs Policy, Health and Safety Policy, Behaviour Policy, SEND arrangements, Equality Policy, Restrictive Interventions Policy, and relevant data-protection procedures. Where there is a safeguarding concern, the safeguarding policy takes precedence.

3. Definition

Intimate care means assistance with tasks involving private parts of the body or personal hygiene that a child cannot yet complete independently, including toileting, changing soiled clothing or continence products, washing after accidents and support connected to menstruation. Clinical procedures, including catheterisation or stoma care, require a separate individual healthcare plan, appropriate competency training and any necessary clinical guidance.

4. Roles and accountability

The Headteacher/DSL ensures implementation, safeguarding oversight, training and escalation of concerns. The SENDCO works with families, staff and health professionals to agree reasonable adjustments and individual plans. The class teacher or nominated key adult coordinates daily arrangements. All staff must follow agreed procedures, maintain professional boundaries, record concerns and report promptly. Governors monitor that safe, inclusive arrangements are in place without accessing unnecessary personal details.

5. Planning with families and pupils

Where intimate care is recurring or foreseeable, school will agree a written Individual Intimate Care Plan with parents/carers and, as appropriate, the child. The plan will describe needs, preferred language and communication, independence goals, equipment, staff roles, privacy arrangements, infection-control precautions, frequency, recording and review arrangements. Parents will provide suitable spare clothing and supplies where agreed. Plans should be reviewed at least annually and sooner if needs change. A child will not be excluded or refused admission simply because they are not toilet trained; reasonable adjustments and support will be considered.

6. Consent, voice and dignity

Explain what care is needed in language or communication accessible to the child, seek their cooperation and respect preferences wherever practicable. Encourage the child to complete as much as possible independently. Provide privacy by closing doors or screens while maintaining safe professional practice.

Do not discuss a child's intimate needs in public or with unauthorised people. If a child is distressed, refuses care or indicates discomfort, stop where safe, reassure them and seek advice from the DSL/SENDCO and parents as appropriate. Immediate health or safeguarding risks must be managed proportionately and documented.

7. Safe staffing and professional boundaries

Only appropriately authorised and briefed staff should provide planned intimate care. A single trained, familiar adult may provide routine care when this is assessed as safe; two adults are not automatically required. Consider a second adult where risk assessment, moving and handling, clinical needs or a specific safeguarding concern warrants it, balancing safety with privacy. Staff should tell a colleague where they are going and when they return, without unnecessarily sharing sensitive details. Never use personal mobile phones or take photographs during intimate care. Staff must not use force to secure compliance with routine care.

8. Practical intimate care procedure

Before care: check the individual plan, explain what will happen, prepare supplies and a private, safe area, wash hands and wear appropriate disposable gloves/apron where indicated. During care: maintain respectful communication, promote independence, use the least intrusive support, follow manual-handling and infection-control guidance, and never leave a child unsafe or unsupervised. After care: dispose of waste safely, clean surfaces/equipment, support handwashing, restore the child's clothing and dignity, and complete the agreed care record. Soiled clothing should be bagged securely and returned to parents unless an alternative arrangement is agreed.

9. Accidents and unplanned care

If a child has an unexpected toileting or hygiene accident, respond promptly, calmly and without blame. Explain what help is offered, seek cooperation and provide clean clothing and appropriate privacy. Where no individual plan exists, inform the class teacher or senior leader and record the care according to school arrangements. Contact parents when supplies, a change of clothing, medical advice or additional support is needed. A child must not be left in soiled clothing unnecessarily while waiting for a parent.

10. SEND, medical needs and physical assistance

Make reasonable adjustments for pupils with SEND, sensory differences, communication needs, mobility needs or medical conditions. Involve the SENDCO and relevant clinicians when specialist care is required. Hoisting, lifting, catheterisation, administration of medication and other clinical tasks must only be undertaken under appropriate plans, training and risk assessments. Intimate care is distinct from restrictive intervention; any necessary restrictive intervention must follow the separate policy and reporting procedure.

11. Safeguarding and reporting concerns

Staff must remain alert to unexplained injuries, pain, changes in behaviour, disclosures, inappropriate conduct or signs of neglect. Record and report safeguarding concerns without delay to the DSL through CPOMS in accordance with the Safeguarding and Child Protection Policy; do not investigate or promise

secrecy. Where a concern involves an adult's conduct, follow the school's allegations/low-level concerns and whistleblowing procedures; do not simply record it as a routine care entry. In an emergency, seek immediate medical or safeguarding assistance. Any injury, unusual distress, refusal or departure from the agreed plan must be reported promptly to a senior leader and recorded factually.

12. Routine recording and communication

For pupils receiving planned regular care, maintain a proportionate confidential care log recording date/time, type of support, staff member and relevant observations or supplies used. For an unplanned or significant episode, record the circumstances, care given, staff involved, any injury or distress, and contact with parents. Routine care logs are not substitutes for CPOMS safeguarding reports. Inform parents of significant incidents the same day; agree the frequency and method of routine updates in the care plan. Store information securely with access limited to those who need it.

13. Hygiene, health and safety

Follow school infection prevention, hand hygiene, cleaning and waste disposal arrangements. Use personal protective equipment based on the task and risk assessment. Keep changing facilities clean and suitably equipped. Bodily fluids and contaminated materials must be handled and disposed of safely. Report hazards, exposure incidents or injuries under school health and safety procedures. Any outbreak or infection concern should be handled in line with current public health advice.

14. Training, monitoring and review

Staff will receive induction and proportionate training on safeguarding, dignity, communication, infection prevention, safe moving and handling and any pupil-specific requirements. The Headteacher and SENDCO will monitor implementation, review incidents and plans, and consult families and pupils where appropriate. The governing body will review this policy annually, or earlier following significant changes in guidance or practice.

Appendix A – Individual Intimate Care Plan (template)

Pupil / class: _____

Date agreed / review date: _____

Parent/carer and pupil views: _____

Care required and typical frequency: _____

Independence and communication strategies:

_____

Named staff / cover arrangements: _____

Privacy and location: _____

Equipment, PPE and supplies: _____

Medical / moving and handling / risk assessment links:

_____

Recording and parent communication arrangements:

_____

Emergency or refusal/distress response: _____

Staff, parent/carer and pupil (where appropriate) acknowledgement:

_____

Appendix B – Intimate Care Record (template)

Date/time	Care provided	Staff initials	Observations / concerns	Parent informed?

Safeguarding concerns must be recorded separately on CPOMS and reported to the DSL immediately.