

Emmanuel Junior Academy



‘Be Respectful, Be Courageous, Be Safe’

Intimate & Personal Care Policy

2026 - 2027

Last reviewed: September 2026
Next review due: September 2027



THE
DIOCESE OF
SHEFFIELD
ACADEMIES
TRUST

Contents

1. Statement of intent and aims
 2. Legal and policy framework
 3. Definition and scope of intimate care
 4. Roles and responsibilities
 5. Consent, pupil voice and individual care planning
 6. Staffing, training and safeguarding arrangements
 7. Procedures for providing intimate care
 8. Toileting accidents and toilet introduction
 9. Menstrual care
 10. Educational visits and activities away from school
 11. Recording, confidentiality and information sharing
 12. Concerns, allegations and complaints
 13. Monitoring and review
 14. Related policies
- Appendices 1-4

Core principle

Intimate care will always be provided professionally, safely and sensitively. Staff will uphold the child's dignity, privacy, comfort and rights, seek the child's cooperation, and encourage the greatest possible independence.

1. Statement of intent and aims

Emmanuel Anglican/Methodist Junior Academy understands its responsibility to safeguard and promote the welfare of children. Some pupils may require assistance with intimate care because of their age, an accident, a medical condition, or special educational needs and disabilities (SEND). Effective safeguarding procedures are paramount in every instance.

This policy ensures that staff providing intimate care undertake their duties professionally and treat every child with sensitivity and respect. Intimate care will be provided in ways that:

- maintain the child's dignity, privacy and wellbeing;
- are sensitive to the child's needs, preferences, communication and cultural or religious background;
- maximise safety, comfort and participation;
- protect the child from intrusion, harm and abuse;
- respect the child's right to express a view, give or withdraw cooperation and be listened to;
- encourage the child to care for themselves as much as they are able;
- avoid discrimination and remove barriers to attendance, learning and participation;
- protect the rights and safety of everyone involved.

2. Legal and policy framework

This policy reflects the DSAT Intimate Care Policy 2026-2027 and has due regard to relevant legislation and statutory guidance, including:

- Equality Act 2010;
- Safeguarding Vulnerable Groups Act 2006;
- Childcare Act 2006, where applicable;
- Education Act 2002;
- Education Act 2011;
- Control of Substances Hazardous to Health Regulations 2002, as amended;
- Keeping Children Safe in Education;
- SEND Code of Practice: 0 to 25 years;
- Supporting pupils at school with medical conditions;
- UK GDPR and Data Protection Act 2018.

The policy also supports the school's funding agreement, articles of association, safeguarding arrangements, health and safety procedures and duties to make reasonable adjustments.

3. Definition and scope of intimate care

For this policy, intimate care means hands-on physical care connected with personal hygiene, or the physical presence or observation of a child during such activities. It includes:

- toileting, wiping and care of the genital or anal areas;
- changing nappies, continence products, underwear or soiled clothing;
- washing, bathing or showering beyond the arms, face and legs below the knee;
- dressing and undressing where intimate areas may be exposed;
- assistance with menstrual care;

- application of medical treatment to intimate areas, where authorised and within staff training;
- support with invasive procedures only where specifically agreed, risk assessed and carried out by appropriately trained and authorised staff.

Routine first aid, support limited to non-intimate areas and verbal prompting that does not involve observation or physical assistance may not amount to intimate care, but staff must always protect privacy and follow safeguarding and health and safety procedures.

4. Roles and responsibilities

4.1 Headteacher

- ensures intimate care is planned and conducted professionally, safely and sensitively;
- ensures individual plans are developed with parents/carers, the child and relevant professionals;
- ensures sufficient appropriately trained and authorised staff are available, including cover arrangements;
- ensures suitable facilities, equipment, infection-control measures and safe disposal arrangements are in place;
- ensures complaints are handled under the DSAT Complaints Policy.

4.2 Designated Safeguarding Lead

- oversees safeguarding aspects of intimate care;
- advises on concerns, allegations, unusual injuries, repeated soiling or changes in presentation;
- ensures concerns are recorded, referred and managed under the Safeguarding and Child Protection Policy;
- supports staff and ensures practice reflects current statutory guidance.

4.3 SENDCo and relevant leaders

- coordinate individual planning and relevant reasonable adjustments;
- liaise with parents/carers, health professionals and external agencies;
- ensure intimate care supports inclusion, attendance and independence;
- review plans at agreed intervals and whenever needs change.

4.4 Staff providing intimate care

- undertake only care for which they are authorised, competent and appropriately trained;
- follow the child's plan, risk assessment and this policy;
- explain each step, seek cooperation and respond to signs of discomfort or withdrawal;
- record care accurately and report concerns promptly;
- maintain confidentiality and professional boundaries.

4.5 Parents and carers

- share relevant information and changes in the child's needs;
- participate in planning and review;

- provide consent and agreed supplies;
- follow agreed contributions within the care plan;
- raise concerns promptly with the school.

5. Consent, pupil voice and individual care planning

5.1 Parental consent

Parents/carers will be asked to provide written consent for routine or anticipated intimate care. Where a child has complex, regular or specific needs, an individual intimate care plan must be agreed. If no consent or plan is in place and care is required, staff will seek parental permission by telephone wherever practicable.

If parents/carers cannot be contacted and urgent care is necessary to protect the child's dignity, comfort, health, welfare or access to education, appropriately trained staff will provide the minimum necessary care in accordance with this policy and inform parents/carers afterwards. A child will not be left in wet or soiled clothing while awaiting contact.

5.2 Pupil voice and cooperation

The child will be involved in decisions according to age, understanding and communication needs. Staff will use the child's preferred communication, words for body parts and bodily functions, and agreed visual or verbal prompts. Staff will explain what they are doing before and during care and will respect signs that the child is uncomfortable or does not wish to proceed, unless immediate action is needed to protect health or safety. Any persistent resistance or change in response will be discussed with the DSL and parents/carers.

5.3 Individual intimate care plans

The plan will be developed with the school, parents/carers, the child where possible and relevant health professionals.

It will include:

- care required and frequency, including designated changing times where appropriate;
- number and names/roles of staff needed, including backup arrangements;
- location, privacy arrangements and equipment;
- the child's communication, preferences and agreed terminology;
- what the child can do independently and how independence will be developed;
- moving and handling, medical, infection-control and disposal requirements;
- cultural, religious, sex or other relevant preferences and reasonable adjustments;
- arrangements for trips, clubs and activities outside the normal day;
- recording, reporting and communication with parents/carers;
- actions if concerns arise;
- review dates and arrangements for changes.

Plans will be reviewed at least twice each year and whenever needs, staffing, equipment, health advice or circumstances change. The Headteacher or delegated leader may require more frequent review.

6. Staffing, training and safeguarding arrangements

6.1 Authorised staff and safer recruitment

Only staff whose role includes intimate care, or who have knowingly agreed to undertake it and received appropriate training, will provide care. Staff will have undergone the required safer-recruitment checks, including an enhanced DBS check with barred-list information where legally required for the role. No employee will be required to undertake intimate care unless this forms part of their role or has been agreed appropriately.

6.2 Training

- the specific care procedures they undertake;
- safeguarding, professional boundaries and safer working practice;
- infection prevention and control, safe disposal and COSHH requirements;
- moving and handling where required;
- medical procedures and use of equipment where required;
- communication, dignity, privacy and developing independence;
- recording and responding to concerns or allegations.

6.3 Number of staff

One trained member of staff will normally provide routine intimate care. Two staff will be present where the individual plan or risk assessment identifies this as necessary, including for safe moving and handling, use of equipment, complex medical needs, behaviours that present risk, or another specific safeguarding reason. A blanket rule requiring two adults is not used, because this may unnecessarily compromise privacy and dignity.

Where possible, the same small team of staff will support a child who requires regular care. The school will identify trained backup staff for absence, emergencies and educational visits. Allocation will consider the child's views and parental preferences. A member of staff of a different sex may provide care where appropriate; this will be considered within the individual plan rather than assumed or excluded automatically.

6.4 Safer working practice

- Staff will inform another member of staff where they are going and when they return, while preserving confidentiality.
- Doors will be closed or positioned to protect privacy. Staff will remain within reasonable proximity or earshot of colleagues where this can be achieved without compromising the child's dignity.
- Staff will never take photographs or make audio or video recordings during intimate care. Personal devices must not be taken into the care area.
- Staff will avoid unnecessary physical contact and will never use punitive, shaming or coercive language.
- Any departure from the plan in an urgent situation will be recorded and reported to the parent/carer and relevant leader.

7. Procedures for providing intimate care

7.1 Before care

- Check the agreed plan and gather supplies before beginning.
- Ensure the designated area is safe, warm, private and appropriately equipped.
- Explain the procedure and seek the child's cooperation.
- Wash hands and put on disposable gloves and an apron. Additional PPE will be used where risk assessment requires it.
- Ensure equipment such as changing surfaces or hoists is safe and used only by trained staff.

7.2 During care

- Encourage the child to do as much as possible independently.
- Use agreed communication and explain each stage.
- Maintain privacy while ensuring safeguarding and safe working practice.
- Observe the child's presentation and skin integrity without conducting unnecessary examination.
- Stop and seek advice if the child shows unexpected distress, pain, injury or resistance, unless completing minimum necessary care is required for immediate safety or dignity.

7.3 After care

- Support the child to dress and wash and dry their hands.
- Place soiled clothing securely in a labelled, tied bag and return it discreetly to parents/carers.
- Place used nappies or continence products in a tied bag and dispose of them using the school's approved procedure.
- Clean and disinfect the changing area and equipment using approved products and disposable paper, according to infection-control and COSHH procedures.
- Remove and dispose of PPE safely, then wash and dry hands.
- Record the care on the Intimate Care Log and communicate with parents/carers as agreed.
- Report any accident, injury, unusual mark, soreness, concern or departure from the plan immediately.

7.4 Supplies and facilities

Each child requiring regular care will have clearly labelled, securely stored supplies as appropriate, which may include nappies or continence products, wipes, nappy sacks, creams, spare clothing, underwear and agreed toileting equipment. Parents/carers are expected to maintain an adequate supply, normally at least one week's stock where relevant.

Hot water, liquid soap and suitable hand-drying facilities will be available. Changing areas will be private, accessible and cleaned before and after use. Bodily-fluid spillages will be managed under the Health and Safety Policy and infection-control procedures.

7.5 Creams, medicines and medical procedures

Creams, ointments and medicines will be administered only with appropriate written parental consent and in accordance with the Supporting Pupils with Medical Conditions Policy and the child's healthcare plan where applicable. Staff will not undertake a medical or invasive procedure unless trained, authorised, risk assessed and acting under an agreed plan.

8. Toileting accidents and toilet introduction

8.1 Toileting accidents

Toileting accidents will be managed discreetly, promptly and without blame. Staff will provide the minimum assistance required, encourage independence and ensure post-care hygiene. Repeated or changing patterns will be recorded and discussed with parents/carers. Relevant health professionals may be consulted. The DSL will be informed if the pattern, presentation or other information raises a safeguarding concern.

8.2 Toilet introduction

Where a child is developing bladder or bowel control, staff may monitor patterns for an agreed period, normally two weeks, to identify usual times and personal indicators. In partnership with parents/carers, staff will:

- familiarise the child with the toilet, flushing and handwashing routines;
- use visual prompts, social stories or agreed communication where helpful;
- encourage toilet use when indicators are observed or at times suggested by monitoring;
- ensure the child can reach and use the toilet comfortably, including provision of reasonable adjustments;
- remain nearby or provide direct support as agreed in the plan;
- never force a child to use the toilet;
- respond to accidents discreetly and positively;
- use praise and encouragement without creating pressure or shame.

9. Menstrual care

The school recognises that some pupils may menstruate during Key Stage 2. Care will be sensitive, practical and free from shame or stigma. Pupils will be taught age-appropriate information about puberty and menstrual hygiene through PSHE and RSHE.

- Free period products will be available discreetly through the school office and, where practical, in designated pupil toilets.
- Available products may include sanitary towels, tampons and period pants, with age-appropriate advice on safe use and disposal.
- Staff may provide reassurance, information, clean clothing and practical support.
- Staff will not normally assist physically with changing a period product. Where direct assistance is required because of disability, SEND, medical or another specific need, it must be included in an individual care plan with consent, training and safeguarding arrangements.
- Any unexpected bleeding, pain, distress or concern will be handled sensitively and shared with parents/carers and the DSL or health professional where appropriate.

10. Educational visits and activities away from school

Intimate care needs must not prevent a pupil from participating in educational visits, residentials, Breakfast Club, after-school clubs or other school activities. The visit or activity plan will identify trained staff, suitable facilities, privacy, transport, supplies, disposal, emergency arrangements and any additional risk assessment. The child and parents/carers will be involved in planning. Care logs and confidential information will be transported and stored securely.

11. Recording, confidentiality and information sharing

Each instance of intimate care will be recorded promptly on the Intimate Care Log. The record will include the date, time, nature of care, staff involved, any departure from the plan, relevant observations such as skin integrity, action taken and parent/carer communication. Records must be factual, respectful and proportionate.

Plans, consent forms and logs will be stored securely with access limited to staff who need the information to provide safe care, safeguard the child or fulfil legal responsibilities. Information will be shared with parents/carers and relevant professionals on a need-to-know basis and in accordance with data-protection law and safeguarding guidance.

12. Concerns, allegations and complaints

12.1 Safeguarding concerns

Any unusual mark, bruise, injury, soreness, significant change in behaviour or presentation, disclosure, resistance, repeated pattern of soiling or other concern will be reported immediately to the DSL or deputy and recorded under safeguarding procedures. Staff must not investigate or ask leading questions.

12.2 Accidents or incidents during care

If a child is accidentally hurt, equipment fails, care cannot be completed safely, or another incident occurs, staff will stop where safe to do so, provide first aid or seek medical assistance, inform SLT/DSL immediately, record the incident and inform parents/carers unless this would conflict with safeguarding advice.

12.3 Concerns or allegations about staff

Concerns or allegations about an adult will be managed under the Safeguarding and Child Protection Policy, Staff Code of Conduct, low-level concerns procedures and KCSIE. The Headteacher, Chair of the Local School Board, DSAT and Local Authority Designated Officer will be involved as appropriate. Responsibility for the child's care will be transferred promptly to another trained member of staff while safeguarding advice is obtained.

12.4 Complaints

Parents/carers should raise concerns promptly with the Headteacher. Complaints will be handled under the DSAT Complaints Policy. A complaint will not delay immediate safeguarding or protective action.

13. Monitoring and review

The Headteacher and DSL will review this policy annually and sooner following changes in legislation, DSAT policy, guidance, pupils' needs, facilities, risk or practice. Changes will be communicated to staff. All staff will familiarise themselves with the policy during induction and receive updates appropriate to their role. Relevant assurance will be provided to the Local School Board and DSAT.

14. Related policies

- Safeguarding and Child Protection Policy
- Staff Code of Conduct
- Whistleblowing Policy
- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy
- SEND Policy
- Accessibility Plan
- Physical Intervention Policy
- Educational Visits Policy
- Data Protection Policy and Privacy Notices
- Complaints Policy
- PSHE and RSHE Policy

Appendix 1: Individual intimate care plan

Section	Agreed arrangements
Pupil details	Name, date of birth, class and relevant medical/SEND information
Care required	Type of care, frequency and usual times
Pupil voice	Preferred communication, terminology, wishes, signs of discomfort and level of independence
Staffing	Named staff, backup staff and number required
Location and privacy	Where care will take place and how privacy/safeguarding will be balanced
Equipment and supplies	Equipment, PPE, products, clothing and who provides them
Infection control and disposal	Hand hygiene, cleaning, waste and soiled-clothing arrangements
Moving and handling / medical procedures	Training, equipment, healthcare plan and risk controls
Cultural, religious or other considerations	Relevant preferences and reasonable adjustments
Visits and activities	Arrangements away from the usual care location
Recording and parent communication	Log, frequency and method of communication
Actions if concerns arise	Safeguarding, medical, emergency and escalation arrangements
Review	Review frequency, next review date and responsible leader

Agreement

Name/role	Signature and date
Parent/carer	
Pupil, where appropriate	
Lead member of staff	

Name/role	Signature and date
Headteacher/DSL/SENDCo	

Appendix 2: Parent/carers consent form

Information	Details
Name of child	
Date of birth and class	
Parent/carers name and contact details	
Routine intimate care covered by consent	
Anything that may affect personal care, including medical, infection, cultural, religious or communication needs	
Supplies to be provided by parent/carers	
Emergency contacts	

- ☐ I give permission for the school to provide appropriate intimate care in accordance with this policy and any agreed plan.
- ☐ I will tell the school about changes that may affect my child's care, including medication, infection, continence or health needs.
- ☐ I understand the procedures and will contact the school promptly if I have concerns.
- ☐ I understand that if consent is not in place, the school will normally contact me or my emergency contacts before providing care. If urgent care is required and contact cannot be made, trained staff may provide the minimum necessary care to protect my child's comfort, dignity, health and access to education.

Signature	Date
Parent/carers	
School representative	
Pupil, where appropriate	

Appendix 3: Intimate care log

Date/time	Care provided and location	Staff involved	Observations / departure from plan	Action and parent/carer communication

Record only relevant, factual and respectful information. Escalate safeguarding, medical or health and safety concerns immediately rather than relying on this log alone.

Appendix 4: Staff checklist

- ☐ Check the current plan and risk assessment.
- ☐ Prepare the area and supplies before beginning.
- ☐ Inform another staff member where you are going.
- ☐ Explain the care and seek the child's cooperation.
- ☐ Use PPE and infection-control procedures.
- ☐ Protect privacy and encourage independence.
- ☐ Do not take a personal device into the care area.
- ☐ Record the care and communicate with parents/carers as agreed.
- ☐ Report injuries, marks, distress, disclosures, accidents or departures from the plan immediately.
- ☐ Clean the area and dispose of waste safely.