



KADER ACADEMY

Intimate Care Policy

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To be reviewed September 2026

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1. Introduction

- 1.1. Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care.
- 1.2. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam.) Staff training will be provided where it is deemed necessary/appropriate e.g. Prick test for diabetics.

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- 1.3. 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.
 - 1.4. 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/young people wherever possible.
 - 1.5. Kader Academy 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.

2. Our approach to best practice

- 2.1. The management of all children with intimate care needs is carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance. The school will work closely with parents with regards to meeting the child's needs sensitively and with respect. Intimate care needs are discussed with parents at the new parents meeting before the child starts school.
- 2.2. Staff who provide intimate care are aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as require. Staff adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.
- 2.3. The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up with staff and parents for particular children as appropriate to suit the circumstances of the child.
- 2.4. Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

3. The Protection of Children

- 3.1. Education Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to.
- 3.2. All children will be taught personal safety skills carefully matched to their level of development and understanding.
- 3.3. If a member of staff has any concerns about physical changes in a child's presentation, e.g.marks, bruises, soreness etc. they must immediately report concerns to the Designated Safeguarding Leads (Janet Donald, and Laura Yendall).

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- 3.4. If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.
 - 3.5. Staffing schedules may be altered until the issues are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
 - 3.6. If a child makes an allegation against a member of staff, all necessary procedures will be followed.

4. Guidance

- 4.1. The following advice/strategies are some suggestions as possible ways to actively promote inclusion and the welfare of pupils.

5. Children wearing nappies

- 5.1. The Children and Families Act 2014 places a statutory duty on schools to support pupils with medical conditions, including bladder and bowel problems. If a child has a medical condition the school will support the child in nappies.
- 5.2. Where a child is using nappies there will be a signed agreement with the parents outlining who will usually be responsible for changing the child and when and where this will be carried out.
- 5.3. This agreement allows us and the parents to be aware of all the issues surrounding this task right from the outset. A record will be kept of when changing took place and who carried it out. If the child refuses to have the nappy changed the parent must be informed.
- 5.4. Nappies and wipes from healthy children can be double bagged or put into nappy sacks and placed into the waste disposal bins provided.
- 5.5. School actively encourages families to provide their child with full toilet training before commencing school.

6. Changing facilities

- 6.1. At all times the dignity and privacy of the child will be of paramount concern.
 - An area within the disabled toilet, made private by the use of a screen, is acceptable
 - Consideration must be taken into account for health and safety issues
 - The area must not be situated in a thoroughfare
 - It may be appropriate to clean children up in the disabled toilet opposite the admin area
 - Sensitivity to where a child is changed/cleaned and safety of the member of staff must be considered
 - Talk the child through what you are doing
 - Always check that what you are doing is acceptable to the child and they know what you are doing

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- Make sure someone knows you are in a room alone with a child or call another adult to be with you

7. Equipment Provision

7.1. Parents are expected to provide nappies, pull ups, disposal bags, wipes etc. and parents should be made aware of this responsibility. Schools are responsible for providing medical gloves, plastic aprons, a bin and liners to dispose of any waste.

8. Changing a nappy

- 8.1. Hands are washed thoroughly before and after a child is changed
- 8.2. A clean disposable apron and gloves is worn every time a child is changed
- 8.3. Whilst changing, children's skin is cleaned with a disposable wipe
- 8.4. Nappies, pull ups, gloves, aprons and wipes are disposed of hygienically and safely by double bagging and placing in a special bin
- 8.5. The bin is emptied at the end of every day. We dispose of our waste in accordance with the Department of Health and Middlesbrough Borough Council.

9. First Aid and intimate care

- 9.1. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.
- 9.2. Regular requirements of an intimate nature should be planned for. Agreements between the school, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly.
- 9.3. The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed.
- 9.4. Where a child wets or soils themselves and there is no written agreement the school will inform the parents of the actions taken, the child's comfort must be paramount. A supply of spare clothing is available in school if necessary and parents are asked to return washed clothing as soon as possible. The above guidelines for changing a child must be followed.

10. Appendix A

Intimate Care/ Toileting Care Plan

Name of Child	
Date of Birth	
Condition needing care plan	
Child's choices/opinions	
What the child is expected to do for themselves	
Facilities and equipment needed	
Number of staff needed	
Main intimate care giver	
Back up in the event of staff absence	
Training requirements	
Arrangements for a trip	
Date care plan to be reviewed	

Parent..... Date.....

Staff members Date.....

Senior Leader Date

11. Appendix B

Record of nappy changes

Name:

Date	Times		

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12. Appendix C



Kader Academy

Schools are not expected to toilet train children. Therefore, unless a child has a disability as defined through legislation, it is expected that parents/carers will have toilet trained their child to be clean and dry before they start Kader Academy Nursery.

Partnership working: Home-School Agreement

Kader Academy agrees:

- ☐ To provide support as required for your child to be changed during a session should he/she soil themselves or become uncomfortably wet
- ☐ To monitor the number of times your child is changed to identify progress made
- ☐ To report should your child become distressed, or if marks or rashes are seen
- ☐ To discuss and review arrangements, involving health professionals, as necessary

Signed..... (Staff member)

The parent agrees:

- ☐ To ensure that your child is changed at the latest possible time before being brought to Kader Academy
- ☐ To provide us with spare continence products and a change of clothing
- ☐ To inform staff if your child has any marks or rashes
- ☐ To discuss and review arrangements, involving health professionals, as necessary.
- ☐ To return any clothes belonging to the school that have been loaned to your child, washed and dried. I understand and agree the procedures that will be followed should my child need changing while at School as described in the Kader Academy Intimate Care Policy.

I agree to the School 'minimum change' policy i.e. the School will not undertake to change my child more frequently than if he/she was at home.

Signed..... (Parent)

Child's name.....

Date.....