Intimate Care Policy

for Hertsmere Jewish Primary School

Prepared by: N Lipman

Reviewed on: February 2026

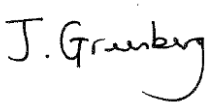
Date of Next Review: February 2027

Policy Review

This policy will be reviewed in full by the Governing Body on an annual basis.

The policy was last reviewed and agreed by the Governing Body on February 2026. It is due for review on February 2027.

Signature  Headteacher Date February 2026

Signature  Chair of Governors Date February 2026

Intimate Care Policy

Hertsmere Jewish Primary School

Introduction

Hertsmere Jewish Primary School is committed to safeguarding and promoting the welfare, dignity and wellbeing of all children. This policy outlines the procedures for providing intimate care in a safe, respectful and professional manner that protects both children and staff.

Intimate care is provided in accordance with the school's safeguarding responsibilities and should be read alongside:

- The Safeguarding and Child Protection Policy
- Keeping Children Safe in Education (KCSIE)
- The EYFS Statutory Framework
- Working Together to Safeguard Children
- Health and Safety policies and safer working practice guidance

We recognise that intimate care is a sensitive activity requiring high levels of trust. Procedures are designed to minimise risk, maintain professional boundaries and ensure that all children are treated with dignity, respect and sensitivity at all times.

Definition of Intimate Care

Intimate care refers to any care that involves washing, touching or carrying out procedures to intimate personal areas, including:

- toileting support
- nappy changing
- cleaning after soiling
- changing clothes due to accidents
- menstrual care
- medical procedures involving intimate areas

Invasive or medical procedures will only be carried out by appropriately trained and authorised staff.

Principles and Aims

We aim to ensure that:

- All children feel safe, respected and supported during intimate care.
- Children's privacy, dignity and independence are promoted at all times.

- Intimate care is delivered sensitively within the context of our Jewish ethos and respect for cultural and religious values.
- Children are supported to develop independence and self-care skills appropriate to their age and stage of development.
- Safeguarding risks are minimised through clear procedures and professional conduct.
- Strong partnerships with parents/carers ensure consistency and transparency.

Our Approach to Best Practice

Intimate care arrangements will be carefully planned and based on the individual needs of each child.

Where appropriate:

- Individual intimate care or toilet management plans will be created in partnership with parents/carers.
- Risk assessments will be completed and regularly reviewed.
- Children will be encouraged to participate actively and develop independence.
- Staff will explain what they are doing and seek the child's consent in an age-appropriate way before providing care.

The school recognises that children's developmental needs change over time, including during puberty, and staff will adapt practice accordingly.

Safeguarding and Professional Practice

Intimate care is provided in line with safeguarding principles:

- Only trained, DBS-checked staff will provide intimate care.
- Staff will follow safer working practice guidance at all times.
- Wherever possible, staff will inform another adult when undertaking intimate care.
- Changing areas will respect privacy while maintaining appropriate levels of supervision and safeguarding visibility.
- Staff will avoid unnecessary physical contact and maintain clear professional boundaries.
- Where possible, consideration will be given to the child's preference regarding gender of staff; however, the child's immediate care needs and staff availability will take priority.

All staff understand that intimate care situations may increase vulnerability and therefore require heightened safeguarding awareness.

Child Voice, Consent and Dignity

Children will:

- Be treated respectfully and with sensitivity.
- Have procedures explained to them in a developmentally appropriate manner.
- Be supported to give verbal or non-verbal consent wherever possible.
- Be reassured and supported if they show discomfort or distress.

Staff will respond immediately if a child becomes distressed and will seek support where necessary.

Partnership with Parents and Carers

The school works in partnership with parents/carers to ensure continuity of care.

Parents/carers will:

- Be involved in developing intimate care arrangements.
- Provide necessary supplies where agreed.
- Be informed of significant incidents or concerns.

Regular review meetings will take place where ongoing intimate care is required.

Recording and Monitoring

All intimate care interventions will be recorded in accordance with school procedures. Records will include:

- date and time
- nature of care provided
- staff involved
- any concerns noted (e.g. marks, distress)

Parents/carers will be informed as agreed within the individual care plan.

Safeguarding Concerns

If any member of staff notices:

- marks, bruising or soreness
- unusual physical or emotional responses
- disclosures or behavioural changes

they must follow the school's safeguarding procedures immediately and report concerns to the Designated Safeguarding Lead (DSL).

Training and Staff Support

Staff providing intimate care will receive appropriate training including:

- safeguarding and child protection
- safer working practice
- moving and handling where required
- hygiene and infection control

Staff will be supported through supervision and clear procedures to ensure safe and confident practice.

EYFS Considerations

Within nursery and Reception:

- Intimate care is recognised as part of supporting children's personal, social and emotional development.
- Children will not be excluded from provision due to toileting needs.
- Staff will promote positive toilet learning in a respectful and developmentally appropriate manner.

Child's Name:

Name of School:

Date of Risk Assessment:

	Yes	No	Notes
1. Does weight /size/ shape of pupil present a risk?			
2. Does communication present a risk?			
3. Does comprehension present a risk?			
4. Is there a history of child protection concerns?			
5. Are there any medical considerations? Including pain / discomfort?			
6. Has there ever been allegations made by the child or family?			
7. Does moving and handling present a risk?			
8. Does behaviour present a risk?			
9. Is staff capability a risk? (back injury / pregnancy)			
Are there any risks concerning individual capability (pupil) General fragility Fragile bones Head control Epilepsy Other			
Are there any environmental risks? Heat/ Cold			

Now complete a detailed personal care plan.

Date:

Signed:

Name:

HJPS Toilet Management Plan

Child's Name _____ Class/ Year Grp _____

Name of Support Staff Involved _____

Date of Record _____ Review Date _____

Area of Need	
Equipment required	
Location of suitable toilet facilities	
Support required	Frequency of support

Working towards Independence

Child will try to	Personal Assistant will	Target achieved (date)

Signed _____ Parents/ Carers

Signed _____ Member of Staff

Signed _____ Second Member of Staff

Signed _____ Child (if appropriate)

HJPS Personal Care Plan
for children wearing nappies/ pull-ups in school

Child's Name:	DOB:
Hertsmere Jewish Primary School	

Completed by:_____ (member of staff)

Date of Plan: _____ Date to review Plan: _____

Who will change the child?
How will be the child be changed? e.g. standing up in a toilet cubicle, lying down on a mat on the floor Copies of procedure for changing given to parent where available
Who will provide the resources? e.g. wipes, nappies, disposable gloves
How will the changing occasions be recorded and if/ how this will be communicated to child's parent/ carer Consider using the Record of Intimate Care Intervention Table
How will wet/ soiled clothes be dealt with?

What the member of staff will do if the child is unduly distressed or if marks or injuries are noticed Consider referring to the schools child protection policy and procedures
Agree a minimum number of changes per full day
How will the child be encouraged to participate in the procedure?
Any other comments/ important information: e.g. medical information

This plan has been discussed with me and I agree to change my child at the last possible moment before he/ she comes to school, provide the resources indicated above and encourage my child's participation in toileting procedures at home as appropriate and where possible.

Signed: _____

Parent/ Carer's Full Name: _____

HJPS Record of Intimate Care Intervention

Child's Name _____ Class/ Year Group _____

Name of Support Staff Involved _____

Date	Time	Procedure	Staff signature	Second signature

HJPS Procedure for Changing a Nappy
(Child lying down)

1. Consider whether the child can be changed in a toilet cubicle (standing up) or lying down on a changing mat

2. Staff to wear fresh aprons and disposable gloves while changing a child

3. Assemble the equipment

4. Place the infant/ child upon the changing mat/ table

5. Put on gloves

6. Remove wet/ soiled nappy

7. Fold the nappy inwards to cover faecal material and place into designated covered bin

8. Used wipes and gloves are to be disposed of in a bin with a disposable liner

9. The bin should be emptied at least once a day and the liner replaced

10. Once the child has been changed and returned safely to the, e.g. nursery area, clean the changing area with a detergent spray or soap and water

11. Hands should be washed thoroughly whether gloves have been used or not

The school will need to make enquiries about the disposal of nappies if they do not already have arrangements in place. Current guidance from Health and Safety is that for one child disposal can be in the usual bins. Any more than this and schools will need to make special arrangements