Intimate Care Policy
(Venn wide)

1	Owned and reviewed by	Laura Carr Director of Safeguarding
2	Approved by	Board of Trustees
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7	Applies to	☒ All staff ☐ Support staff ☐ Teaching staff
8	Available on	☒ Venn website ☒ School website ☒ SharePoint

Venn Academy Trust (VAT) is a charitable company limited by guarantee with registration number 09662303 and Sole Member of the subsidiary company Venn Education Group (VEG). Venn Education Group is a charitable company limited by guarantee with registration number 16743074.

Venn wide policies are centrally held policies and are the direct responsibility of VAT. Venn wide policies are created by the VAT Central Team and adopted by the VEG Board.

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1. Intent

This policy sets out the principles and procedures for providing toileting and personal or intimate care with professionalism, dignity, and respect. It aims to safeguard children and young people, families and staff by providing a consistent approach that recognises the rights, needs and responsibilities of everyone involved.

Venn aims to develop each child's independence. Where assistance is required, staff will support the child to do as much as they safely can for themselves, taking account of their age, developmental stage, abilities, communication, health needs, preferences and individual circumstances.

Intimate care means care that involves supporting a child or young person with personal hygiene, toileting or other personal needs they are unable to manage independently, either regularly or in response to a one-off incident.

Activities may include:

- changing nappies and other continence products;
- toileting, including assistance with wiping and personal hygiene;
- washing, bathing, showering and other intimate hygiene routines;
- changing wet or soiled clothing and support with dressing or undressing;
- menstrual care and support with menstrual products;
- personal hygiene support associated with a disability, medical condition, developmental need or temporary illness; and
- supervision or support while a child learns to undertake personal care independently.

This policy applies to children and young people across all Venn settings and age groups. The type and level of support will vary. Procedures designed for nappy changing must not automatically be applied to older pupils or to different forms of intimate care; staff must follow the relevant individual care plan.

Intimate care must protect the child's dignity, privacy, safety and wellbeing; respect their views and preferences; and promote independence wherever possible. Individual arrangements must be documented in an intimate care plan where ongoing or planned support is required, or where the circumstances make a plan necessary.

Parents and carers should share relevant information about a child's care needs. The setting will discuss arrangements with the appropriate person or people before support begins wherever practicable and review them when needs change.

The setting must establish who has parental responsibility, who is authorised to agree care arrangements and who should receive information. These people may not be the same. Where a child is looked after, lives with relatives or has other specific care arrangements, staff must follow the relevant legal, care and safeguarding arrangements. If authority to consent or share information is unclear, staff must seek advice from the designated safeguarding lead (DSL) or an appropriate senior leader. Immediate action necessary to protect a child's health or safety must not be delayed.

2. Approach to Best Practice

Intimate care will be provided by appropriately trained and authorised staff who understand the child's needs and agreed care arrangements. Staff must act professionally, explain what they are doing in a way the child can understand, and seek the child's cooperation and assent wherever possible.

Staff will encourage children to do as much as they safely can independently, including washing, dressing, managing clothing, or using equipment where appropriate. Support must be proportionate and must not be more intrusive than necessary.

Each child's privacy must be respected. Staff should consider the child's circumstances, the care task, the environment, and any safeguarding or risk-assessment requirements when deciding how many adults should be present. One adult may provide care where this is appropriate to the child's care plan. Where two adults are required, the reason and arrangements must be recorded. Privacy must be maintained without compromising the child's safety or agreed safeguarding arrangements.

Where practicable, a small team of familiar staff should share responsibility for intimate care. This supports continuity and reassurance while avoiding unnecessary reliance on one individual. A key person may contribute to planning, communication, and continuity but will not necessarily undertake every care task. Staffing arrangements must reflect the child's preferences and needs, the care plan, safeguarding considerations and available appropriately trained staff.

The care plan should be reviewed with the appropriate parent, carer, or person with parental responsibility at agreed intervals and whenever the child's needs or circumstances change. The child's views and communication must be considered appropriate to their age and abilities.

Staff must record care as required by the schools procedures, report concerns promptly and document any significant departure from agreed arrangements. If an unplanned situation arises, staff should meet the child's immediate needs safely, inform the appropriate senior member of staff and record the actions taken.

3. The Protection of Children

Staff must follow Venns current Safeguarding and Child Protection Policy and all relevant local safeguarding procedures. Children should be supported to develop personal safety skills in ways appropriate to their age, understanding and communication.

Any concern about a child's physical presentation, including unexplained bruises, marks, injury, pain or a change in behaviour, must be reported promptly in accordance with safeguarding procedures. Staff must not investigate allegations themselves or promise confidentiality.

If a child becomes distressed or unhappy about receiving intimate care from a particular member of staff, staff must respond sensitively, take the child's communication seriously, inform the DSL or appropriate senior leader as necessary, and record and review the arrangements. Alternative staffing should be considered while the concern is assessed.

Any allegation or disclosure concerning a member of staff must be managed under Venn's Safer Recruitment policy and Safeguarding and Child Protection policy but also following the local partnerships managing allegations about staff policy.

Intimate care must be carried out only by staff authorised under school procedures and who have the required safeguarding checks and training. Students on placement, volunteers and other parents/carers must not undertake intimate care unless a specific Trust-approved procedure and safeguarding arrangements expressly permit it.

4. The Protection of Staff

Intimate care must be provided in accordance with the child's individual care plan, relevant risk assessments and safeguarding procedures. The number of staff required will be determined by the child's needs and the agreed arrangements. Where two members of staff are required, this must be documented. Staff must maintain the child's dignity and privacy throughout.

Staff must follow the setting's procedures for recording each intimate care episode. Records should include the date and time, the nature of care provided, any relevant observations or concerns, and actions taken. Records must be logged on medical tracker and handled in accordance with schools information-management procedures.

The appropriate parent, carer or other person should be informed of soiling incidents and other significant intimate care incidents in accordance with the care plan and safeguarding arrangements. Information-sharing must be consistent with the child's circumstances, relevant legal arrangements and safeguarding requirements.

Staff must promptly report any incident, injury, concern, difficulty following the care plan or situation in which the agreed arrangements could not be followed.

5. Health & Safety Guidance

Personal protective equipment and hand hygiene
Staff must wear disposable gloves and an apron when dealing with soiling or changing a nappy or continence product and whenever required by the relevant infection-prevention risk assessment. Staff must change gloves between tasks where needed, avoid cross-contamination, remove protective equipment safely and wash their hands thoroughly after care and waste handling. The child's hands should also be supported to be washed where appropriate.

Cleaning and waste disposal
Waste generated during intimate care must be disposed of safely and hygienically. Soiled nappies, continence products, wipes and other contaminated disposable materials must be placed in an appropriate waste bag or suitable designated bin in accordance with the procedure for that item. Bags must be securely closed and waste kept out of children's reach.

Indoor bins used for intimate care waste must be suitable for their purpose, lined and provided with a lid or hands-free operation where appropriate. They must be emptied at least daily and sooner when full or when hygiene is required. Waste must not be allowed to accumulate in changing areas, toilets or other intimate-care spaces.

Waste must be transferred securely to the appropriate external refuse or collection arrangements in accordance with school procedures, applicable requirements and the collection provider's arrangements. External bins must be emptied according to the agreed collection schedule. Staff must not assume that all intimate-care waste is clinical waste; where specialist disposal may be required, they must seek advice and follow the schools waste procedures.

Changing surfaces and any contaminated equipment must be cleaned after use in accordance with the setting infection-prevention procedures. Items, resources or toys contaminated during care must be removed from use until appropriately cleaned or sanitised.

Barrier creams, medical creams and other products
For this policy:

- Barrier creams are products intended to protect the skin from moisture, friction, or irritation, including irritation associated with continence products.
- Medical creams or ointments are products used to treat or manage a medical or skin condition and may be prescribed or subject to specific clinical instructions.
- Other personal-care products include wipes, cleansers, and similar products used as part of an individual's hygiene routine.
- Products must be suitable for the child's needs, clearly labelled with the child's name where individually supplied, stored safely, and not shared where individual use is required.

Use of a barrier cream must be agreed with the appropriate parent, carer or person with parental responsibility and recorded in the care plan where appropriate. Staff must follow the schools supporting pupils with medical needs and administering medication

policy and any applicable authorisation and record-keeping requirements before applying a product.

Medical creams and ointments must be applied only in accordance with the schools Supporting pupils with medical needs and administering medication policy, relevant prescription or clinical instructions, and required written authorisation. A form signed by a parent or at reception must not be treated as replacing any other authorisation required by School policy. If the product's classification or the arrangements for use are unclear, staff must seek advice from the appropriate manager before applying it.

Products must be stored in accordance with the relevant School policy and product instructions. Individually supplied products must not be shared between children.

6. Special Educational Needs

Children and young people with special educational needs or disabilities have the same rights to dignity, privacy, safety, and respectful care. Individual vulnerabilities, physical disabilities, learning disabilities, sensory needs, communication differences, and any relevant health conditions must be considered when planning support.

The views and emotional responses of the child or young person must be actively sought when creating or reviewing a care plan. Staff should use the child's preferred communication methods, including visual support, communication aids, or additional processing time where appropriate.

Care plans and risk assessments should address any specialist equipment, moving and handling, staffing, clinical advice or training required. Staff must not undertake a procedure for which they have not been appropriately trained or authorised.

7. Physical Contact

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. Staff must be aware that even well-intentioned contact might be misconstrued by the child or an observer. Staff must always be prepared to justify actions and accept that all physical contact is open to scrutiny.

The expectation is that when staff make physical contact with children it will be:

- For the least amount of time necessary (limited touch)
- Appropriate, given their age, stage of development and background
- In response to the pupils' needs at the time

Arrangements must be understood and agreed by all concerned, justified in terms of the child's needs and consistently applied and open to scrutiny. Where possible, consultation with colleagues should take place where any deviation from arrangements is anticipated. Any deviation from the agreed plan must be documented and reported.

8. Pupils in Distress

A child or young person who is distressed may need reassurance and comfort. Staff must ensure that any physical contact is appropriate, non-intrusive, and responsive to the child's needs, and must respect the child's preferences and communication.

Staff should consider the circumstances, the child's age and communication, and the cause and extent of distress. Unless an immediate response is required, staff should consider who is best placed to support the child, which may include a familiar member of staff or another appropriate adult. Any concern related to intimate care or a particular member of staff must be handled under safeguarding procedures and recorded as required

9. Procedure Nappy, Continence Product and Menstrual Care Procedures Children Wearing Pads

General requirements

Each child or young person who requires planned, ongoing support with intimate care must have an individual care plan where appropriate. The plan must identify the care required, agreed procedures, equipment, staff responsibilities, arrangements for privacy and dignity, communication and recording, and relevant health, risk-assessment or safeguarding considerations.

The plan should be discussed with the child or young person in an accessible way and agreed with the appropriate parent, carer or person with authority to do so, in accordance with the child's legal and care arrangements. The plan must be shared with staff who need to know how to provide safe and consistent care.

The term 'nappy' refers to a product used to contain urine and/or faeces, typically for babies and younger children. 'Continence product' refers to an absorbent product used by a child or young person who requires support managing urinary or faecal incontinence. 'Menstrual product' refers to a product used to manage menstruation. The term 'pad' should not be used on its own where it could cause confusion.

Care must be appropriate to the child's age and developmental stage. Nappy-changing instructions below apply to nappy changes and to other continence-product changes only where the steps are suitable for the child and product. Menstrual care, showering and other intimate hygiene support must follow the individual care plan and relevant setting procedures; staff must not assume that the nappy-changing procedure applies to every task.

Nappy-changing procedure — where applicable

- Before beginning, staff must gather the equipment required for the child's care plan and ensure the area is safe, clean and suitable.

- Equipment may include:
  - an appropriate changing surface or equipment;
  - a clean nappy or continence product;
  - wipes, cotton wool or other agreed cleaning products;
  - a suitable waste bag or designated hands-free bin;

  - a bag for soiled clothing and clean replacement clothing, if required;
  - the agreed barrier cream or other authorised product, if required; and
  - disposable gloves and an apron.

- Staff must follow the child's care plan and the setting's infection-prevention procedures throughout.

- The general sequence is:
  - Explain the task to the child and encourage them to participate as independently as they safely can.
  - Use the agreed changing area and equipment, following any moving-and-handling instructions.
  - Remove soiled clothing if necessary and place it in a suitable bag.
  - Remove the used nappy or continence product and place it directly into the appropriate waste bag or designated bin.
  - Clean the child using the agreed products and dispose of used wipes or materials safely.
  - If barrier cream or another product is required, check that it is the correct labelled product and that its use is authorised. Use a fresh pair of gloves as required by the procedure.
  - Put on a clean nappy or continence product and help the child dress.
  - Dispose of used protective equipment safely, avoiding contamination.
  - Clean and disinfect the changing surface and any contaminated equipment in accordance with local procedures.
  - Support the child to wash their hands where appropriate; staff must wash their own hands thoroughly.
  - Record the care episode on the designated system and report any concerns, skin changes, injury, unusual distress or deviation from the care plan.

- Nappies or continence products should be checked at intervals appropriate to the child's needs and care plan, including at relevant transitions where necessary. Staff must not apply a single routine to every child regardless of age, need, or setting.

Menstrual care and intimate hygiene for older pupils

Support with menstrual care, showering, washing, dressing and other intimate hygiene must be based on the individual care plan and the young person's needs, abilities, preferences and communication. Staff should promote privacy, independence, and access to suitable products. Physical assistance must be limited to what is necessary and agreed in the care arrangements.

The care plan should specify what assistance is required, the appropriate location and equipment, staffing arrangements, product handling and disposal, cleaning, recording and communication. Staff must not make assumptions about a pupil's needs based on age, sex, disability or the type of product used.

Any unexpected health concern, pain, skin issue, injury, distress or change in care needs must be reported and managed in accordance with the care plan and relevant safeguarding or medical procedures

Appendix 1

Name of Child:	
Date of Birth:	
Class / Teacher Name:	
Care required and how often during the day	
Member(s) of staff who will carry out the tasks – all staff need to be fully aware of toileting/intimate care plan.	
Name:	
Signature:	
Where will the tasks be carried out and what equipment/resources will be required to safely carry out the procedures:	
Infection Control and Disposal Procedures in place:	
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Actions that will be taken if any concerns arise:	
Parent's responsibility to provide:	
Communication Arrangements:	
Other Professionals in involved in care/advisory role: (School Nurse, Health Visitor, etc)	

Additional Information:
I/We have read the Intimate Care/Toileting Plan provided by the school. I/We give permission for the named member(s) of staff to attend to the care needs of my/our child and are in agreement with the procedures proposed

Name of Parent/Carer:	
Signature:	
Principal:	
Signature:	
Date:	