



RICHMOND AVENUE PRIMARY & NURSERY SCHOOL

Intimate Care Appendix

September 2026

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Richmond Avenue Primary & Nursery School

Intimate Care Policy Appendix

1. Role of staff

1.1 Which staff will be responsible

Name	Role	Key Stage
Mrs Hobson	EYFS Lead	EYFS
Miss Killelay	EYFS Teacher	EYFS
Mrs Shepherd	LSA	EYFS
Mrs Barrett	LSA	EYFS
Miss Dowsett	Nursery Deputy manager	EYFS
Mrs Carr	Nursery Key Worker	EYFS
Miss Wall	Nursery Key Worker	EYFS
Mrs Laird	Nursery Key Worker	EYFS
Mrs Higgins	LSA	KS1
Mrs Rutt	LSA	KS1
Miss Waites	SOAWA	Office
Mrs Mattingly	SOAWA	Office

2. Intimate care procedures

2.1 How procedures will happen

A range of staff are available to support Intimate care within the school. Having multiple staff allows 2 staff members to present, on the majority of occasions for intimate care. On some occasions, one staff member may stand near, or outside, the door of the changing area to allow for pupil privacy.

If a staff member is ever on their own and a child needs intimate care, they will call upon another adult nearby (e.g. SLT / office staff) to supervise / be present when care takes place. Both staff members sign the intimate care log to confirm level of care / support given.

All staff undertaking any intimate care support have enhanced DBS checks.

School provided equipment includes:

- Dedicated changing areas
- Disposable gloves
- Sink washing facilities
- Nappy bins
- Nappy bags
- Spare clothes / underwear for emergencies
- Spare wipes for emergencies

Parents will provide:

- Nappies
- Wipes
- Changes of clothes

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Intimate Care Plan – EYFS

Pupil Information

- Name:
- Date of Birth:
- Class / Setting:

Planned Review Date:

Early / Additional Review Date:

Reason for Intimate Care Support

(e.g. toileting, nappy changing, continence delay, medical or developmental needs)

Current Level of Independence

- ☐ Fully dependent
- ☐ Partial support
- ☐ Mostly independent
- ☐ Working towards independence

Details:

Intimate Care Needs

- ☐ Nappy changing
- ☐ Toilet support
- ☐ Cleaning after accidents
- ☐ Changing clothes
- ☐ Other:

Routine and frequency:

Agreed Care Routine

(Describe step-by-step expectations)

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Communication & Emotional Support

- Preferred words/signs:
- How the child indicates need:
- Strategies to reassure or calm:

Equipment / Supplies Required

(List items and who provides them)

Dignity & Privacy Arrangements

(e.g. private area, respectful language, consistent staff)

Cultural / Personal Considerations

(if applicable)

Staff Trained and Authorised to Deliver Intimate Care

The following staff are trained and authorised to provide this level of intimate care:

Name	Role	Relevant Training Completed

Confirmation: Providing intimate care is included within the job description and professional responsibilities of the staff listed above.

Safeguarding & Recording

- All intimate care will be recorded on an Intimate Care Log
- Any concerns will be reported immediately to the Designated Safeguarding Lead (DSL)

Signatures

Parent/Carer: _____ Date: _____

SENCO/Class Teacher: _____ Date: _____

Headteacher/Delegate: _____ Date: _____

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Intimate Care Plan – KS1

Pupil Information

- Name:
- Date of Birth:
- Class:

Planned Review Date:

Early / Additional Review Date:

Reason for Support

(e.g. continence needs, medical condition, SEND, anxiety)

Level of Independence

- ☐ Requires full support
- ☐ Requires prompting and reassurance
- ☐ Requires support after accidents

Details:

Intimate Care Needs

- ☐ Toileting support
- ☐ Cleaning after accidents
- ☐ Changing clothes
- ☐ Menstrual care (if applicable)

Agreed Care Routine

(Include encouragement of independence)

Communication, Consent & Emotional Support

- How consent will be sought each time:
- Preferred language:
- Response if the child refuses or becomes distressed:

Equipment / Supplies

(List items and provider)

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Dignity & Privacy

(e.g. single cubicle, door closed, discretion maintained)

Staff Trained and Authorised to Deliver Intimate Care

The following staff are trained and authorised to provide this level of intimate care:

Name	Role	Relevant Training Completed

Confirmation: Providing intimate care is a recognised and agreed part of the staff members' job specification and role responsibilities.

Recording & Safeguarding

- Care logged after each occurrence
- Concerns escalated to DSL without delay

Review & Independence Planning

(Steps to support increasing independence)

Signatures

Parent/Carer: _____ Date: _____

SENCO/Class Teacher: _____ Date: _____

Headteacher/Delegate: _____ Date: _____

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Intimate Care Plan – KS2

Pupil Information

- Name:
- Date of Birth:
- Class:

Planned Review Date:

Early / Additional Review Date:

Reason for Support

(e.g. medical needs, SEND, menstrual care)

Level of Independence

- ☐ Independent with reassurance
- ☐ Needs support in specific situations
- ☐ Requires regular support

Details:

Intimate Care Needs

- ☐ Toileting support
- ☐ Changing clothes
- ☐ Menstrual care
- ☐ Medical-related intimate care

Pupil Voice (where appropriate)

- Feelings about support:
- Preferences regarding staff/approach:

Consent, Choice & Privacy

- How consent will be gained:
- How dignity and autonomy will be respected:

Care Routine

(Age-appropriate, discreet and respectful)

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Equipment & Arrangements

(e.g. discreet storage and disposal)

Staff Trained and Authorised to Deliver Intimate Care

The following staff are trained and authorised to provide this level of intimate care:

Name	Role	Relevant Training Completed

Confirmation: Providing intimate care forms part of the agreed job role and professional duties of the staff named above.

Safeguarding

- Immediate reporting of concerns to DSL
- Recording completed following each instance of care

Review & Independence Targets

(Supporting autonomy and transition readiness)

Signatures

Parent/Carer: _____ Date: _____

Pupil (if appropriate): _____ Date: _____

SENCO/Class Teacher: _____ Date: _____

Headteacher/Delegate: _____ Date: _____

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Parent / Carer Intimate Care Consent Form

Pupil Details

- Name:
- Date of Birth:
- Class:

Consent Statement

I give permission for trained school staff to provide intimate care support to my child in line with the agreed Intimate Care Plan.

This may include:

- ☐ Toileting support
- ☐ Nappy changing
- ☐ Cleaning after accidents
- ☐ Changing clothes
- ☐ Menstrual care
- ☐ Emergency intimate care if required

I Understand That:

- Care will be provided respectfully and privately
- Records will be kept of care provided
- Staff will report any safeguarding concerns
- I am responsible for providing agreed supplies

Medical / Additional Information

(e.g. creams, allergies, sensitivities)

Emergency Agreement

I understand that staff may need to provide intimate care in an emergency situation to ensure my child's safety and dignity.

☐ Yes

Information Sharing Consent

I consent to relevant information being shared with:

- ☐ SENCO
- ☐ DSL
- ☐ School Nurse
- ☐ SALT / OT (if applicable)

Parent / Carer Signature

Name: _____

Signature: _____

Date: _____

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