



Intimate Care Policy

Company/ Organisation:	Star International School Mirdif
Address:	24B Street, Mirdif Dubai
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Policy:	This policy is to be followed if: 1. A child has a toilet accident at school 2. A POD child is admitted to school and is wearing nappies/pull ups 3. A child needs assistance with cleaning themselves after going to the toilet 4. A child needs assistance with menstrual management 5. A child enters school in a wheelchair and requires support on how to use an accessible bathroom 6. Changing for swimming 7. When a child is diagnosed with a medical condition that requires intimate care or physical support from trained medical staff, their Individual Health Care Plan (IHCP) will outline how this policy is implemented. The plan will specify when intimate care is required, how it should be carried out, and by whom. The IHCP will be shared with all relevant staff to ensure consistent and appropriate care. Introduction Working with young children or young people involves handling intimate care tasks sensitively and respectfully. This policy outlines how to manage intimate care to maintain dignity, privacy, and respect for every student. 1.1 Intimate care refers to tasks related to bodily functions, personal hygiene, and body products involving contact with the genitals, such as continence care, menstrual management, and help with washing or showering.

1.1.2 In the event that a student does require support with menstruation management, the parent will be contacted and asked to come into school to support their child. If the parent is unable to come into school then the parent must give verbal consent for the clinic staff to support the child with a sanitary product and advice on how to use/apply. If the parent cannot be reached after three attempts then clinic staff will go ahead and support the child.

1.1.3 Administration of Emergency Medication (e.g Febrile Seizures)

In the event that a student with a diagnosed history of sudden increase in temperature (e.g., 38.5°C or above) and requires emergency medication in the form of a rectal suppository (depository), the following procedure will apply:

- Only trained medical staff (e.g., school doctor or nurse) are authorised to administer this medication.
- A minimum of two staff members must be present during administration — at least one of whom must be a medical staff member. If a second medical staff member is not available, another staff member (such as the class teacher or the year group/class LSA) should be present. This ensures the student's dignity, safety, and the protection of both the child and staff.
- The procedure will be carried out in the clinic
- Parental consent must be obtained in advance and documented in the student's individual medical health care plan.
- The care plan will outline the medication type, dosage, storage, and administration method, as prescribed by the child's healthcare provider.
- After administration, parents will be notified immediately, and a written record will be made detailing the time, staff present, and actions taken.
- The Designated Safeguarding Lead (DSL) must be informed following the incident.

1.2 Students' dignity and privacy are our top priorities. Staff will ensure that students have choice and control over their care. All intimate care procedures will be conducted with high awareness of child protection, and staff will collaborate with parents or guardians to ensure consistent care.

1.3 We provide a personal safety curriculum as part of PSHE, appropriate to each student's developmental level. Parents are encouraged to reinforce these safety messages at home.

1.4 Staff involved in intimate care are expected to conduct themselves professionally, treating all students with respect and ensuring care does not cause distress or pain.

1.5 If a child enters the school in a wheelchair, as part of the care plan the clinic staff will also take the child through how to safely use an accessible bathroom facility and where to locate them in the school.

Policy Statement

2.1 All students who require intimate care are treated respectfully at all times; the students' welfare and dignity are of paramount importance.

2.2 Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling when appropriate) and are fully aware of best practice. Equipment will be provided to assist with students who need special arrangements following assessment from external physiotherapist/ occupational therapist advice as required.

2.2a In cases where intimate medical care is required, such as the administration of emergency rectal medication for conditions like febrile seizures, only trained medical staff are authorised to carry out the procedure, following the student's agreed medical health care plan.

2.3 Staff will be supported to adapt their practice in relation to the needs of individual students taking into account developmental changes such as the onset of puberty and menstruation.

2.4 There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the student's needs and preferences. The student is aware of each procedure that is carried out and the reasons for it.

2.5 Students will be supported to achieve the highest level of independence possible. Staff will encourage students to perform tasks on their own when appropriate, with individualized care plans in place for those with additional needs. This may mean, for example, giving the student responsibility for washing themselves.

2.6 Each student's right to privacy will be respected at all times.

2.7 Parents will be involved in their child's intimate care arrangements. A care plan will be created and agreed upon, with parents providing written consent. This plan will consider the student's needs, parents' wishes, and any practical constraints.

2.8 Each student will have an assigned staff member to act as an advocate for their care. If the student has an Independent Learning Support Assistant (ILSA), that person will act as the advocate.

THE PROTECTION OF CHILDREN

3.1 Education Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.

3.2 Where appropriate, all students will be taught personal safety skills carefully matched to their level of development and understanding.

3.3 Any concerns about physical changes or signs of distress in a student will be reported immediately to the designated safeguarding lead. Records will be kept, and relevant authorities will be notified if necessary.

3.3a Any instance of intimate medical care (e.g., administration of rectal emergency medication) will be recorded in the student's medical file, and the Designated Safeguarding Lead (DSL) will be notified as part of safeguarding oversight.

3.4 If a student is unhappy with their care, the issue will be investigated by the safeguarding lead, and parents will be contacted to resolve the situation. Staffing arrangements may be adjusted to address the student's needs.

3.5 If a student makes an allegation against a staff member, all procedures outlined in the Child Protection Policy will be followed.

3.6 Every child has the right to be treated with dignity and respect (e.g. if a student requests to go to the toilet during class, irrespective of age, they will be allowed to do so).

Definition of toilet trained

The child should be able to carry out the following independently before starting school:

1. Tell an adult when they require the toilet.
2. Pull down/ pull up clothing in order to go to the toilet.
3. Wipe/ clean themselves after toileting.
4. Where applicable, make use of the hand-held toilet hose.
5. Wash and dry hands thoroughly.
6. Pull-up pants/ nappies are not allowed.

Where a child has specific developmental or medical needs which impact on their intimate care needs, a Senior Leader must be informed when the child registers. Entry of the student will be reviewed by the Principal and a conditional offer would be agreed with the parent ensuring the child has the appropriate support of an ILSA.

If a child has a medical need and needs to be in nappies/pull ups a medical letter needs to be provided as evidence.

In this instance, upon Principal approval, the school will work closely with the family to devise a care plan which is reflective of the child's needs with the Head of Inclusion and FS. When a child has a specific medical or developmental condition that may affect toileting management, parents or guardians must consult with a pediatrician for guidance. This guidance must be shared with school so the care plan can address the specific needs of the child.

Changing Policy:

In the event of an accident, the following will occur:

The child will change in the classroom toilets. If the child needs support, **two adults** must be present as listed below.

In the event that soiling occurs, the parent will be contacted and asked to come into school to change their child. If the parent is unable to come into school then the parent must give verbal consent for the school staff to change the child. If the parent cannot be reached after three attempts then school staff will go ahead and support the child to get changed. The child will be changed in the classroom toilets with the support of two members of staff, such as;

- the class teacher
- LSA/ILSA
- member of staff in the clinic such as the school doctor or nurses

If a second soiling accident occurs on the same day, the child will be changed as outlined above and sent home with parents/caregivers.

Spare clothes will be stored at all times at school in the designated area (e.g. in the classroom or in the child's cubby). The parent, if needed, should regularly replace these clothes.

Staff will record the date and time of changing and whether the child was wet/dry/soiled. This information will be shared with parents/carers.

Toileting Care Plan

With the Principal's approval and in collaboration with the Head of FS and Inclusion, the school will work closely with the family to develop a care plan, attached [HERE](#). This plan will address the child's specific needs and outline the key processes, as well as the roles and responsibilities of the involved individuals.

This plan will be reviewed as the child's needs change.

Parent/Carer must agree and sign consent agreeing to all of the details outlined in the care plan.

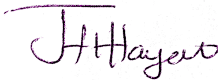
Prepared/Revised:

Nargis Upadhey
Head of EYFS



Date of Signature:

05/11/2025

	Carlie Farish Head of Inclusion		Date of Signature:	05/11/2025
	Jabeen Hayat Designated Safeguarding Lead		Date of Signature:	05/11/2025
Approved & Authorised:	Neal Oates Principal		Date of Signature:	05/11/2025