Roseberry Primary and Nursery School

Intimate Care Policy

Headteacher: Mrs E. Dunn
Chair of Governors: Mr J. Anderson

Date: November 2026
Date for Review: November 2028

POLICY STATEMENT

Compliance

This policy complies with the statutory requirement laid out in the Safeguarding Vulnerable Groups Act 2006 and has been written with reference to the following documents:

- Keeping Children Safe in Education, DfE 2021
- Working Together to Safeguard Children, DfE 2015
- Toileting and Personal/Intimate Care Guidance for Schools and Early Years settings in Durham, Durham County Council, 2014
- 0-25 SEND Code of Practice, DfE 2015
- The Children Act 2004
- Equality Act 2010
- Supporting Pupils with Medical Conditions, DfE 2014

Introduction

Intimate/Personal Care can be defined as care tasks of an intimate nature, requiring close personal contact involving an individual's personal space, associated with bodily functions, personal hygiene and procedures due to medical conditions – which require direct or indirect contact with or exposure of the genitals. Examples include care associated with continence, toileting, catheterisation, menstrual management as well as tasks such as washing and bathing.

The vast majority of children will be toilet trained and able to manage their own personal care needs competently before they start school. However, some children may not be at that stage due to a number of reasons including: developmental delay, medical needs, behavioural issues, physical or learning disabilities. On the other hand, some children may be continent, but still have personal/intimate care needs due to difficulties accessing toileting facilities or dealing with their personal care independently afterwards. These children have an educational entitlement irrespective of their difficulties with toileting and personal care.

Roseberry Primary and Nursery School takes a 'limited touch' approach with pupils, whereby physical contact is of limited duration and will be appropriate given their age, stage of development and background. It is accepted that physical contact may be necessary to appropriately comfort a child in distress, during P.E. sessions, by staff administering first aid, and when restraining a pupil, subject to team teach approaches and policies.

Objectives

This policy sets out procedures for dealing with toileting and personal/intimate care tasks with utmost professionalism, dignity and respect for the child and the maintenance of highest health and safety standards possible. The aim being to safeguard pupils, parents, staff and the educational setting by providing a consistent approach within a framework which recognises the rights and responsibilities of everyone involved.

This document aims to:
- Provide guidance and advice to ensure pupils are not excluded, or treated less favourably, because they have toileting or intimate care needs, whether it is the occasional accident or on-going support.
- Ensure that every child and young person is able to easily access care, play and learning experiences in our school.
- Provide guidance and advice to ensure that staff in our educational setting are informed about their responsibilities for intimate and personal care in line with current legislation and that they are adequately supported so they can confidently and competently carry out their duties in meeting each child's individual needs.

Principles of Good Practice

- Children who have difficulties in controlling their bladder and bowels or those that have not developed toileting skills have sometimes had a difficult start on the road to personal independence. Therefore, these children must be treated with respect, dignity and sensitivity. They should be offered choice and control in every way possible.
- Sensitive arrangements need to be put in place to allow children to toilet themselves at intervals to suit their needs and not at the demands of school routine or class requirements.
- Staff should encourage and promote independence and self-help skills as much as possible and give the child sufficient time to achieve. If handled correctly this can be the most important single self-help skill achieved, improving the child's quality of life, independence and self-esteem. If handled incorrectly it can severely inhibit an individual's inclusion in school and community.
- It is important to take into consideration a child's preferences, if the child indicates a preference for a particular sequence, then this should be followed rather than a sequence imposed by a member of staff. As long as all the necessary tasks are completed for the comfort and wellbeing of the child, the order in which they are complete is not important.
- The approach taken to provide a child's intimate care is very important – It conveys an image about what the body is worth. A positive body image should be encouraged; routine care should be relaxed, enjoyable and fun, with lots of praise and rewards for when the child has achieved goals. The carer's behaviour should be appropriate to the pupil's age.

• Only young children and those that are non-weight bearing should be changed in lying on a bench, older children should be cleaned and changed in standing or sitting if possible.
• Older children especially (from school year 3 onwards), should be encouraged and supported to achieve the highest levels of independence and autonomy that are possible, e.g. in cleaning, undressing and dressing themselves.
• It is important to develop a consistent approach between home and school. Therefore parents, schools and other professionals such as school nurses and specialist health visitors need to work together in partnership. In some circumstances it may be appropriate to set up a home to school agreement or management plan that defines the responsibilities for each partner. The aim should be to work towards the earliest possible or the maximum levels of independence with toileting.
• An agreement needs to be in place for parents to provide spare nappies, cleaning wipes, underwear and clothing. Nursery staff are not able to provide nappies or wipes for use in an educational setting.
• There also needs to be a consistency of approach between school staff with necessary information being communicated to appropriate staff members. It is important that everyone feels part of a team as this ensures continuity and consistency of practice between staff. At least 2 members of staff need to be trained in the procedures/routine required so that when the key worker is absent for any reason the child is not compromised with regards to their care.
• Only key staff members should be aware of the routine and procedures. Confidentiality and the child's dignity should be respected at all times with regards to sharing of information between staff.
• Staff should be well supported with access to appropriate resources and facilities. Any specialist equipment and adaptations required should be accessed through the Occupational Therapist for Physical Difficulties SEND Team.
• All staff supporting pupils with care needs, especially where the child is non-weight bearing or has specific medical needs, must receive appropriate information and training. Specialist nursing and health service staff should be involved to provide any relevant medical information, training and advice.

Safeguarding children

• Safeguarding children is everyone's responsibility. The normal process of changing a child who has soiled should not raise child protection concerns and there are no regulations that indicate that two members of staff must be present to supervise the changing process to ensure abuse does not take place. Few educational establishments have the staffing resources to provide two members of staff for this; therefore one member of staff is adequate to carry out the straight forward task of changing a child. The exception to the rule needs to be when there is a known risk of false allegation by a child, then a single practitioner should not undertake the changing task.

- Two members of staff may be required for more complex type of care procedures, this will need to be assessed on an individual basis in joint consultation with nursing teams, health colleagues and OT for SEND Team. However, it is important to note that no unnecessary staff should be present and no other staff should interrupt the care procedure.
- All adults carrying out intimate care or toileting tasks should be employees of the school and enhanced DBS checks should already be in place to ensure the safety of children. Staff employed in childcare and educational establishments must act in a professional manner at all times.
- Students on work placement, voluntary staff or other parents working at the school/setting should not attend to toileting or intimate care tasks.
- Where the child is of an appropriate age and ability, their permission must be sought before any task is carried out.
- Staff carrying out the intimate care/toileting should notify a colleague when they are taking the child out of the classroom for this purpose, this should be done discretely and sensitively.
- Parents should be made aware of the intimate care/toileting policy and must give consent for the child to be changed or the intimate care procedure to be carried out when they are under the care of the educational establishment. Parents must also be made aware of the fact that it may only be one member of staff carrying out the changing task and there should be a written, agreed and signed consent form in place. (Appendix 1)
- A written log should be kept of all personal and intimate care interventions that take place. (See Appendix 2)
- The school or setting should remain highly vigilant for any signs or symptoms of improper practice as they would for all activities carried out onsite.
- Any issues for concern, such as – physical changes in the child's presentation, any bruising or marks or any comments made by the child, should be recorded and reported to the line manager or head of establishment immediately. All normal Child Protection procedures should be followed.
- There should be careful communication between the child and key worker; the child should be made aware of the procedures according to their ability to understand. If the child becomes distressed or unhappy about being cared for by a particular member of staff, the matter should be looked into immediately and addressed with parents, appropriate agencies and all necessary procedures should be followed.
- Child Protection training should be an ongoing part of staff training.
- Younger children should not be left alone or unattended during toileting or changing procedures. Great care must be taken if the changing unit is any distance off the floor.
- Some older cognitively able children may prefer to be left alone for privacy when toileting. Staff need to adapt their input according to the needs of the child.
- When carrying out intimate/personal care in out of school premises, privacy and safety should be the main concern and part of the planning process.

Health and Safety

• Some children are more susceptible to infection therefore, hygiene procedures are important in protecting pupils and staff from the spread of infectious diseases. Staff involved with toileting and intimate care should be trained in correct hand washing techniques and hygiene precautions. The educational setting should provide disposable vinyl gloves, aprons, liquid hand soap, disposable, paper towels and ensure there is access to hand washing facilities in close proximity to the changing area.
• There should be an agreed procedure in place for cleaning the child. Sensitivity and discretion should be used, washing and physical contact especially in intimate areas should be kept to a minimum and done only as necessary.
• All contaminated waste or marked items should be disposed of correctly in line with the school's policy and all staff should be made aware of these procedures. Arrangements should be made with the parents for soiled clothing to be taken home and they should be stored in a designated place. A normal disposal bin can be used if a sanitary bin is not available, however, the soiled items need to be wrapped properly in nappy type bags and any bins used for soiled items must be emptied at the end of each day.
• Any changing mat or bench should be thoroughly cleaned between each use with appropriate cleaning materials and detergents.
• Any spillages or leakages should be cleaned immediately using the appropriate equipment and cleaning materials. All staff should aim for high standards of hygiene around the changing/medical facilities.
• Schools and other settings registered to provide education will also have hygiene and infection control policies which are necessary procedures followed in the case of any child accidentally soiling, wetting or vomiting whilst on the premises.
• Any damaged or torn equipment such as changing mats should be immediately discarded.
• Any requests from the parents for use of medical ointments/creams, these should be prescribed by the GP and clearly labelled with the child's name. These should not be shared between other children and should be stored in a locked storage facility in line with the school's storage of medicines policy.

Manual Handling/Specialist Training

• When pupils with physical disabilities require manual handling, all staff undertaking these duties should have appropriate training and instruction to ensure they are competent and confident in their role. The Occupational Therapist for Physical difficulties SEND Team should be contacted to ensure all procedures are carried out in accordance with best practice and maximum degree of safety for the staff and child being cared for.
• Some children may enter our educational setting with complex difficulties and long or short term medical conditions, which indicate the need for special procedures or intimate care arrangements. In this instance multi-disciplinary

teams will need to be involved for the appropriate advice, training and any necessary equipment and adaptations. Parental consent and involvement will be required to ensure parents are in agreement with the plans that are put in place.

• In this instance it is important to draw up written care/management plans and risk assessments so that all staff involved are aware of their roles, responsibilities and all risks are considered and addressed.

Supporting Pupils at School with Medical Conditions

Roseberry Primary and Nursery School recognises that pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education. Some children with medical conditions may be disabled and where this is the case the school will comply with its duties under the Equality Act 2010.

Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision and the SEND Code of Practice (2015) is followed. For further information this please see our 'Supporting Pupils with Medical Conditions' policy.

Roles and Responsibilities

At Roseberry Primary and Nursery School we ensure that when staff are recruited their job descriptions clearly state that offering personal/intimate care, promoting independent toileting and self-care skills could be one of the tasks they undertake.

Reviewing the Policy

This policy will be reviewed annually in consultation with parents, the Governing body, pupils and staff.

APPENDICES

Appendix 1
Personal/Intimate Care and Toileting Parental Consent
(Form to be completed by School Head Teacher or SENCO)

Name of child: DOB:

School: Class/Teacher Name:

Care required and how often during the school day:

Member(s) of staff who will carry out the tasks - all staff need to be fully aware of toileting/intimate care plan and school policies.

Name: Signatures:

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:

Actions that will be taken if any concerns arise:

Parent's responsibility to provide:

Any School-Home agreement or care/management plan or communication via school-home diary - if required:

Other professionals involved in care/advisory role:
(School Nurse, Health Visitor, Specialist Nurse, OT/Physio, SEND Staff)

Additional Information:

(Delete as appropriate)

I/We have read the Intimate Care/Toileting Policy provided by the educational establishment that my child attends. 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: ……

Head/SENCO ..... Signature: ……

Date ……

Appendix 2
Toileting and Intimate/Personal Care Log

Date	Time	Type of Care Carried out (toileting, nappy change, other intimate/personal care task)	Carried out by	Signature