Newdale Primary School

Intimate Care Policy

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Contents:

Statement of intent

1. Legal framework
2. Definitions
3. Roles and responsibilities
4. Procedures for intimate care
5. Parental engagement
6. Safeguarding procedures
7. Monitoring and review

Appendices

a) Intimate Care Parental Consent Form
b) Toilet Introduction Procedures

Statement of intent

Newdale Primary School understands the importance of its responsibility to safeguard and promote the welfare of children.

Pupils may require assistance with intimate care because of their age or due to having SEND (Special Eduational Needs and Disabilities). In all instances, effective safeguarding procedures are of paramount importance.

This policy has been developed to ensure that all staff responsible for providing intimate care always undertake their duties in a professional manner and treat children with sensitivity and respect.

The school is committed to providing intimate care for children in ways that:

- Maintain their dignity.
- Are sensitive to their needs and preferences.
- Maximise their safety and comfort.
- Protect them against intrusion and abuse.
- Respect the child's right to give or withdraw their consent.
- Encourage the child to care for themselves as much as they can.
- Protect the rights of all others involved.

1. Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Equality Act 2010
- Safeguarding Vulnerable Groups Act 2006
- Childcare Act 2006
- Education Act 2002
- Education Act 2011
- The Control of Substances Hazardous to Health Regulations 2002 (as amended in 2004)
- DfE (2022) 'Keeping children safe in education'
- Early Years Foundation Stage Statutory Framework 2025

This policy operates in conjunction with the following school policies:

- Administering Medication Policy
- Complaints Procedures Policy
- Child Protection and Safeguarding Policy
- Whistleblowing Policy
- Infection Control Policy
- Allegations of Abuse Against Staff Policy

2. Definitions

For the purpose of this policy, **"intimate care"** is the hands-on, physical care in personal hygiene, as well as physical presence or observation during such activities.

Intimate care includes the following:

- Helping a child with eating and drinking for reasons of illness or disability
- Body bathing other than to the arms and face, and to the legs below the knee
- Application of medical treatment other than to the arms and face, and to the legs below the knee
- Toileting, wiping and care in the genital and anal areas
- Dressing and undressing

3. Roles and responsibilities

The headteacher is responsible for:

- Ensuring that intimate care is conducted professionally and sensitively.
- Ensuring that the intimate care of all children is carefully planned, including the creation of individual plans following discussions with the parent and the child, with input from the SENDCO.

- Communicating with parents to establish effective partnerships when providing intimate care to children.
- Handling any complaints about the provision of intimate care in line with the school's Complaints Procedures Policy.

All members of staff who provide intimate care are responsible for:

- Undergoing training for the provision of intimate care.
- Undertaking intimate care practice respectfully, sensitively and in line with the guidelines outlined in this policy.

Parents are responsible for:

- Liaising with the school to communicate their wishes on their child's intimate care.
- Providing their consent to the school's provision of their child's intimate care.
- Adhering to their duties and contributions to their child's intimate care plan, as outlined in this policy.

4. Procedures for intimate care

Staff will only be required to administer intimate care if it has been discussed with them in advance and they have stated verbally to the headteacher and/or SENDCO that they are happy to do so.

Staff who provide intimate care will conduct intimate care procedures as and when it is required; no child will be left in wet/soiled clothing or nappies.

If the designated member of staff for a child's intimate care is absent, a secondary designated member of staff will change the child, adhering to the arranged procedures.

Before changing a child's nappy or clothing, members of staff will be provided and use the required PPE such as disposable gloves, aprons and masks (if required) and the changing area will be cleaned appropriately.

The changing areas are warm, safe and comfortable for the children and are private from others. These areas are inclusive for physical and neurodiverse needs.

Hot water, liquid soap and paper towels are available for staff to wash their hands before and after changing a nappy; the changing area will also be cleaned appropriately after use.

Any soiled clothing will be placed in a tied plastic bag and will be returned to parents at the end of the school day.

Any used nappies will be placed in a tied plastic bag and disposed within a designated nappy bin.

Any bodily fluids that transfer onto the changing area will be cleaned appropriately and disposed of in the designated bodily fluid bins.

Areas will be cleaned afterwards using designated COSHH sprays and cloths.

If a pupil requires cream or other medicine, such as for a nappy rash/sore, parents must provide prescribed topical medications for this purpose.

Older children and those who are more able will be encouraged to use the toilet facilities and will be reminded at regular intervals to go to the toilet. For those with communication difficulties, visual aids will be provided so that the child has further means if indicating when they need to access toilet facilities.

Within Nursery, details of changed children are recorded on the toileting record displayed in the changing area. This includes a time, nature of change and staff initials. (These are monitored and refreshed on a weekly basis). School aged children's parents are notified when their child has been changed in the school day.

For children within main school building, they are changed in the disabled toilet located beside the reception classrooms. There is always at least 2 members of staff present and details of the changed children are recorded on the toileting record which is kept securely in their classroom. This includes a time, nature of change and the staff initials. School aged children's parents are notified when their child has been changed in the school day.

For some children in school with additional needs, there are several reasons as to why they may need longer to achieve independent toileting.

These may include:

- **Underlying medical conditions:** Conditions that affect the muscles controlling the bladder or bowel. Acute episodes may be due to a urinary tract infection (UTI) or chronic constipation, which can delay toileting independence.
- **Developmental delays:** Some children may struggle to sit upright on the toilet or perform complex motor tasks like flushing, wiping, or handwashing due to delayed overall development.
- **Learning needs:** Children with learning difficulties may need additional support to understand the steps involved in toileting, as well as planning and executing them effectively.
- **Attention difficulties:** Maintaining focus to complete the toileting process can be challenging for some children.
- **Sensory differences:** Sensory sensitivities can make toileting an unpleasant or challenging experience. Some children may not recognise or respond to internal cues telling them when they have a full bladder or when it is completely empty. They may find the toilet environment overwhelming or frightening or they may feel insecure if they cannot touch the floor with their feet when sitting on the toilet.
- **Physical disabilities:** Children with physical disabilities may require additional support, such as specialist seating or a toilet chair, to achieve full independence. Your Occupational Therapist can help explore options that suit your child's specific needs.

Members of staff will use the Toilet Introduction Procedures, as outlined in the appendices of this policy, to get children used to using the toilet and encourage them to be as independent as possible.

Children will be reminded and encouraged to wash their hands after using the toilet, following the correct procedures for using soap and drying their hands.

5. Parental engagement

The school will liaise closely with parents to establish individual intimate care programmes for each child which will set out the following:

- What care is required
- Number of staff needed to carry out the care
- Any additional equipment needed
- The child's preferred means of communication, e.g. visual/verbal, and the terminology to be used for parts of the body and bodily functions
- The child's level of ability, i.e. what procedures of intimate care the child can do themselves
- Any adjustments necessary in respect to cultural or religious views
- The procedure for monitoring and reviewing the intimate care plan

The information concerning the child's intimate care plan will be stored confidentially and only the parents and the designated member of staff responsible for carrying out the child's intimate care will have access to the information.

The parents of the child are required to sign the Intimate Care Parental Consent Form to provide their agreement to the plan; no intimate care will be carried out without prior parental consent.

In respect of the above, if no parental consent has been given and the child does not have an intimate care plan, but the child requires intimate care, parents will be contacted by phone to gain consent.

Any changes that may need to be made to a child's intimate care plan will be discussed with the parents to gain consent and will then be recorded in the written intimate care plan.

Parents will be asked to supply the following items:

- Spare nappies
- Wipes, prescribed creams, nappy sacks, etc.
- Spare clothing
- Spare underwear

6. Safeguarding procedures

The school adopts rigorous safeguarding procedures in accordance with the Child Protection and Safeguarding Policy and will apply these requirements to the intimate care procedures.

Intimate care is classified as regulated activity; therefore, the school will ensure that all adults providing intimate care have undergone an enhanced DBS check (which includes barred list information) enabling them to work with children.

Staff members working directly with children will receive safeguarding training as part of their mandatory induction, in line with the Child Protection and Safeguarding Policy.

All members of staff will receive safeguarding training on an annual basis, and receive child protection and safeguarding updates as required, but at least annually.

All members of staff are instructed to report any concerns about the safety and welfare of children with regards to intimate care, including any unusual marks, bruises or injuries, to the DSL in accordance with the school's Whistleblowing Policy.

Any concerns about the correct safeguarding of children will be dealt with in accordance with the Child Protection and Safeguarding Policy and the Allegations of Abuse Against Staff Policy.

7. Monitoring and review

This policy will be reviewed annually by the headteacher and SENDCO, who will make any changes necessary and communicate these to all members of staff.

The next scheduled review date is September 2027.

All members of staff are required to familiarise themselves with this policy as part of their induction programme.

Appendix 1:

Intimate Care Parental Consent Form and Care Plan

This form is to be completed by the SENDCO and signed by parents.

Name of child		**Date of birth**	
Name of class teacher		**Class**	
Care requirements, including frequency:			

The table below outlines the member of staff responsible for carrying out your child's intimate care programme, as well as the member of staff responsible in their absence:

Name of staff member	
Name of staff member (in the above staff member's absence)	
Where will the intimate care be carried out?	
What equipment/resources will be required?	
What infection control procedures are in place?	
What disposal procedures are in place?	
What actions will be taken if any concerns arise?	

What do parents need to provide?
What are the reporting procedures for parents?

I have read the Intimate Care Policy provided by **Newdale Primary School** and I agree to the intimate care plan outlined above:

Signature of parent		**Date**	
Signature of SENDCO		**Date**	

Appendix 2:

Toilet Introduction Procedures

As children develop bladder control, they will pass through the following three stages:

1. The child becomes aware of having wet and/or soiled pants
2. The child knows that urination/defecation is taking place and can alert a member of staff
3. The child realises that they need to urinate/defecate and alerts a member of staff in advance

During these stages, members of staff will assess the child over a period of two weeks to determine:

- If there is a pattern to when the child is soiled/wet.
- The indicators that the child displays when they need the toilet, e.g. facial expressions.

Staff will implement the following strategies to get children used to using the toilet and being independent:

- Familiarise the child with the toilet, washing their hands, flushing the toilet and referencing other children as good role-models for this practice
- Encourage the child to use the toilet when they are using their personal indicators to show that they may need the toilet
- Take the child to the toilet at a time when monitoring has indicated that this is when they would usually need the toilet
- Ensure that the child can reach the toilet and is comfortable doing so
- Stay with the child and talk to them to make them more relaxed about using the toilet
- Don’t force the child to use the toilet if they don’t want to, but still encourage them to do so using positive language and praise
- Deal with any accidents discreetly, sensitively and without any unnecessary attention
- Be patient with children when they are using the toilet, and use positive language and praise to encourage them

Appendix 3:

8. Record of Intimate Care

For each child with an Intimate Care Plan there should also be a record of intimate care, if undertaken.

Name of setting/ school
Child's name

Date	Time	Adults working with children and young people	Comment	Signatures of adults working with children and young people