Wolsey House Primary School

Intimate Care Policy

Policy date: September 2026

Policy review date: September 2027

Together we grow, achieve and thrive.

Rationale

This Intimate Care Policy has been developed to safeguard children, support staff and ensure good practice is followed.

At Wolsey House Primary School we are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We believe that every child has the right to feel safe and secure. We do not discriminate against children who have not reached a stage where they can manage their own personal hygiene. No child will be refused admission, excluded from activities, left in wet or soiled clothing or treated less favourably because they require continence support or intimate care. The school will make reasonable adjustments for disabled pupils and will work with families and relevant professionals to remove barriers to attendance, learning and participation. We recognise the need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Purpose of this Policy

The purpose of this policy is to:

- safeguard and promote the welfare, dignity, privacy and rights of every child who requires intimate care;
- ensure that intimate care is provided in a sensitive, respectful and child-centred manner;
- provide clear guidance and reassurance to staff whose duties include, or may occasionally include, providing intimate care;
- ensure that staff providing intimate care have the appropriate knowledge, training and support to meet each child's individual needs safely;
- reassure parents and carers that their child's personal and intimate-care needs will be understood and met appropriately;
- ensure that the views, preferences and concerns of children and their parents or carers are considered when intimate-care arrangements are planned and reviewed;
- promote each child's independence and encourage them to undertake as much of their own personal care as is appropriate for their age, development and abilities;
- ensure consistent practice and appropriate safeguards for children and staff; and
- remove barriers to learning and participation, prevent discrimination and support the inclusion of children with additional personal or intimate-care needs.

This policy has been developed with regards to the following legislation, statutory guidance and national guidance:

- the Children Act 1989;
- the Children Act 2004;
- section 175 of the Education Act 2002;

- the Equality Act 2010;
- section 100 of the Children and Families Act 2014;
- the Health and Safety at Work etc. Act 1974;
- the Control of Substances Hazardous to Health Regulations 2002;
- the Manual Handling Operations Regulations 1992;
- the School Premises (England) Regulations 2012;
- the UK General Data Protection Regulation, the Data Protection Act 2018 and the Data (Use and Access) Act 2025;
- Keeping Children Safe in Education 2026;
- Working Together to Safeguard Children 2026;
- the Special Educational Needs and Disability Code of Practice: 0 to 25 years;
- Supporting pupils at school with medical conditions;
- the statutory framework for the Early Years Foundation Stage;
- Guidance for Safer Working Practice for those working with children and young people in education settings, Safer Recruitment Consortium, February 2022; and
- relevant local safeguarding partnership and local authority procedures.

The school recognises its duty to safeguard and promote the welfare of children and to take a child-centred approach in which the child's best interests, dignity, safety, privacy and individual needs are central to all decisions.

The school will make reasonable adjustments to ensure that disabled pupils and pupils with special educational needs or medical conditions are not placed at a disadvantage. A child will not be refused admission, excluded from activities or treated less favourably because they require assistance with toileting, continence or other intimate-care needs.

This policy should be read alongside the school's:

- Safeguarding and Child Protection Policy;
- Staff Behaviour Policy/Code of Conduct;
- Supporting Pupils with Medical Conditions Policy;
- Special Educational Needs and Disabilities Policy;
- Health and Safety Policy;
- First Aid Policy;
- Equality Policy;
- Data Protection and Records Management policies; and
- complaints and whistleblowing procedures.

Where legislation or statutory guidance is updated, the school will follow the current requirements and review this policy accordingly.

What is intimate care?

Personal care is the support a child may need with everyday activities such as eating, drinking, dressing and general hygiene.

Intimate care is any care that involves washing, touching or carrying out a procedure involving parts of the body that are usually considered private. It may include:

- support with using the toilet;
- changing nappies or continence products;
- cleaning a child following a toileting accident;
- changing soiled or wet clothing;
- support with washing or bathing;
- support with menstrual care; and
- assistance with catheters, stomas or other healthcare procedures, where staff have received appropriate training.

Some children may need this support because of their age or stage of development, a disability, special educational need, medical condition or temporary illness.

Intimate care will always be provided in a way that protects the child's dignity, privacy, safety and wellbeing. Staff will encourage children to do as much for themselves as they can, taking account of their age, understanding, communication needs and abilities.

Guidelines for implementation

Planned intimate care

Where a child is likely to require regular or ongoing intimate care, the school will agree arrangements with the child's parents or carers. These arrangements will be recorded in an individual intimate care plan (see appendix 2) and, where appropriate, linked to the child's individual healthcare plan or Education, Health and Care Plan.

The plan will take account of the child's age, development, communication needs, abilities, preferences and relevant medical or professional advice. It will be reviewed regularly and whenever the child's needs change.

Parental agreement will normally be obtained for planned intimate care. However, staff will also explain what they are going to do in a way the child can understand and seek the child's cooperation or consent before each episode of care, where suitable. Staff will remain alert to verbal and non-verbal indications that the child is uncomfortable or wishes the care to stop.

Unplanned intimate care

An unexpected accident will be dealt with promptly and sensitively, even where there is no individual plan or prior written agreement. A child will not be left in wet or soiled clothing while the school waits for a parent or carer to attend. Parents or carers will normally be informed following the incident.

Location and privacy

Intimate care will take place in the most appropriate available location, taking account of the child's needs, privacy, dignity, safety and the equipment required. This may include a medical room, nursery changing area, accessible toilet or another appropriately assessed space.

Care will be provided calmly, sensitively and without unnecessary delay. Doors, screens and signs will be used appropriately to protect privacy while ensuring that safeguarding and emergency-access arrangements are maintained.

Independence and level of support

Children will be encouraged and supported to carry out as much of their own personal and intimate care as is appropriate for their age, development and abilities. Staff will provide only the level of assistance reasonably required to meet the child's needs safely and preserve their dignity.

Staff will use clear, respectful and age-appropriate language and will explain each stage of the care before it takes place. Children will never be criticised, hurried, shamed or made to feel embarrassed because they require support.

Where washing is required, staff will use single-use disposable materials or items that are individually allocated to the child and appropriately stored and laundered.

Staffing and safeguarding

A minimum of two members of staff will be present whenever intimate care is provided. One member of staff will provide the necessary assistance, while the second will support the safeguarding of both the child and the member of staff and provide practical assistance where required.

Both adults will act in a way that protects the child's privacy and dignity. The second adult should remain close enough to observe or support the care appropriately, without exposing the child unnecessarily.

Wherever possible, intimate care will be provided by members of staff who are known to the child and who have received the relevant guidance or training. The child's communication needs, preferences and wishes will be considered when deciding which members of staff will provide support, although the school cannot guarantee that a particular member of staff will always be available.

Staff will explain what they are doing in a way the child can understand and will seek the child's cooperation throughout. No adult will provide intimate care alone unless exceptional and urgent circumstances mean that delaying care would compromise the child's health, safety or dignity. Any such occasion must be reported immediately to a senior leader, recorded in full and shared with the child's parent or carer, unless the DSL advises that doing so may place the child at greater risk.

All intimate care provided will be recorded promptly in accordance with the school's recording procedures. The record will identify the care provided and the members of staff who were present.

Hygiene and infection control

Staff must wear disposable gloves and an apron whenever contact with urine, faeces, blood, vomit or other bodily fluids is anticipated. Hands must be washed thoroughly before and after care, including when gloves have been worn.

Personal protective equipment must be changed between children. Changing surfaces and any contaminated areas or equipment must be cleaned using approved cleaning products, and waste must be disposed of in accordance with the school's infection-control procedures and waste arrangements.

Dealing with toileting accidents and unexpected soiling

Toileting accidents and unexpected soiling may occur, including where a child does not have an individual intimate care plan. Staff will respond promptly, calmly and sensitively, protecting the child's privacy, dignity and emotional wellbeing at all times. A child will never be criticised, blamed or made to feel ashamed because of an accident.

Children will be encouraged to use the toilet regularly and to tell an adult when they need to go or feel unwell. Staff will recognise that some children may not be able to identify, communicate or respond to these needs because of their age, development, disability, special educational needs, communication difficulties, anxiety or illness. Children will be allowed reasonable access to toilet facilities throughout the school day and will not be expected to wait until a scheduled break where there is an urgent need.

Following an accident, the child will be encouraged to manage as much of their own personal care as they can. Where assistance is required, staff will provide the minimum level of support necessary, in accordance with this policy. The child will not be left in wet or soiled clothing while waiting for a parent or carer to attend.

Parents or carers will normally be informed that intimate care has been provided. Where accidents become frequent or indicate an ongoing need, the school will discuss this sensitively with the child and their parents or carers. An individual intimate care plan may be developed, with advice from relevant health professionals where appropriate. Parents may be asked to provide suitable spare clothing and any individual care products required.

A toileting accident alone will not normally require a child to be collected from school. However, where the child appears unwell or has symptoms that may indicate an infectious illness, the school will follow its health, attendance and infection-control procedures and may ask a parent or carer to collect the child. Parents should follow the school's guidance on illness and the recommended period before a child returns to school.

Our approach to best practice

The welfare, dignity, privacy and safety of the child will be central to all decisions and arrangements relating to intimate care.

Where a child requires regular or planned intimate care, the school will work in partnership with the child, their parents or carers and, where appropriate, relevant health or other professionals. An individual intimate care plan will be developed to set out the child's needs, preferences and agreed care arrangements. Where the child also has an individual healthcare plan or Education, Health and Care Plan, the documents will be aligned and considered together.

Intimate care arrangements will take account of the child's age, development, abilities, communication needs, culture, faith, sex and any disability or special educational need. Plans will be reviewed regularly and whenever the child's needs or circumstances change.

Only staff who have received appropriate information, guidance and, where necessary, specialist training will undertake intimate care. Where a procedure requires specialist training, enough members of staff will be trained to ensure that the child's care can be provided safely and consistently, including during staff absence. Staff must not undertake a procedure for which they have not been trained or assessed as competent.

Wherever possible, care will be provided by members of staff who are known to the child. The child's preferences will be considered when deciding who should provide support, although the school cannot guarantee that a particular member of staff will always be available.

Before providing care, staff will explain what they intend to do in a way the child can understand and will seek the child's cooperation or consent. Staff will remain alert to the child's verbal and non-verbal communication throughout and will respond appropriately if the child appears uncomfortable or distressed.

Children will be supported to achieve the greatest level of independence appropriate to their age, development and abilities. Staff will encourage each child to undertake as much of their own personal care as they can safely manage and will provide only the level of assistance that is necessary.

Care will be provided calmly, sensitively and without unnecessary delay. The child's body will be covered as far as reasonably possible, and their privacy and dignity will be protected throughout.

In accordance with the school's staffing and safeguarding arrangements, a minimum of two members of staff will be present whenever intimate care is provided. One member of staff will provide the necessary assistance, while the second will safeguard both the child and the member of staff and provide practical support where required. Both adults will act in a way that avoids unnecessary exposure and protects the child's privacy.

All intimate care provided will be recorded promptly and parents or carers will normally be informed in accordance with this policy and the child's individual plan.

Health, safety and infection control

The school will follow its Health and Safety Policy, infection-control procedures and any child-specific healthcare or risk assessment when providing intimate care.

Staff must follow standard infection-control precautions whenever there is a risk of contact with urine, faeces, blood, vomit or other bodily fluids. This includes:

- washing and drying their hands thoroughly before and after providing care, even when gloves have been worn;
- wearing disposable gloves and a disposable apron where contact with bodily fluids or contaminated clothing is anticipated;
- changing gloves and aprons between children and between separate care tasks where necessary;
- covering any cuts or broken skin with a waterproof dressing;
- avoiding contact between contaminated items and clean surfaces or supplies; and
- cleaning and disinfecting changing surfaces, equipment and any contaminated areas promptly using the school's approved products and procedures.

Personal protective equipment must be removed safely and disposed of immediately after use. Staff must not reuse disposable gloves, aprons, wipes or other single-use items.

Soiled clothing will be handled as little as possible, placed in an appropriate sealed bag and returned discreetly to the child's parent or carer. It will not normally be rinsed or washed by school staff.

Used nappies, wipes, disposable protective equipment and other continence waste will be placed in an appropriate sealed bag and disposed of in a designated, lidded waste container. The school will

follow its waste-risk assessment and the arrangements agreed with its waste contractor. Waste contaminated with blood, infection or other hazardous material will be managed in accordance with relevant infection-control and clinical-waste advice.

Designated waste containers will be kept secure and away from children, emptied at an appropriate frequency and cleaned in accordance with the school's procedures.

Suitable supplies of gloves, aprons, disposal bags, cleaning materials, spare clothing and child-specific care products will be readily available. Cleaning products and any substances hazardous to health will be stored and used in accordance with the Control of Substances Hazardous to Health Regulations.

Where intimate care involves lifting, transferring or positioning a child, staff must follow the child's moving and handling plan and use the identified equipment. Only staff who have received appropriate training and are competent to carry out the procedure may do so.

Any exposure incident, injury, equipment failure or significant spillage must be reported and recorded in accordance with the school's health and safety procedures. Where the incident also raises a concern about the child's welfare, it must be reported immediately to the designated safeguarding lead or a deputy.

Safeguarding and the protection of children

The school's Safeguarding and Child Protection Policy, Staff Code of Conduct and the procedures set out in *Keeping Children Safe in Education 2026* will be followed at all times.

All intimate care will be provided in a child-centred manner that protects the child's welfare, safety, dignity and privacy. Staff will remain professionally curious and alert to signs that a child may need additional help or protection.

Children will be supported, through the curriculum and everyday practice, to develop personal-safety skills appropriate to their age, development, understanding and communication needs. This will include helping children to understand privacy, appropriate boundaries, the correct names for parts of their body where appropriate, and how to tell a trusted adult if something makes them feel uncomfortable or unsafe.

Concerns about a child

Any unusual marks, soreness, injury, significant change in the child's presentation or other safeguarding concern observed during intimate care must be recorded and reported immediately to the designated safeguarding lead or a deputy. Parents will normally be informed unless the DSL advises that doing so could increase the risk to the child or compromise a safeguarding response. Staff noticing a concern must:

- respond calmly and sensitively;
- not take photographs or carry out an examination beyond what is necessary to provide the agreed care;
- not investigate or ask leading questions;
- make an accurate, factual and timely record of what they observed and anything the child said, using the child's own words wherever possible; and
- report the concern immediately to the designated safeguarding lead or a deputy.

If a child makes a disclosure during intimate care, the member of staff must listen, reassure the child that they have done the right thing by speaking, avoid promising confidentiality and explain that the information must be shared with people who can help keep them safe.

Parents or carers will normally be informed of concerns at the earliest appropriate opportunity. However, the designated safeguarding lead may decide that they should not be contacted before advice is obtained from children's social care or the police where informing them could increase the risk to the child or compromise a safeguarding response.

Distress or reluctance

If a child becomes distressed, uncomfortable or reluctant to receive care from a particular member of staff, the care will be paused wherever it is safe to do so. Staff will listen to the child and take account of verbal and non-verbal communication.

The concern will be reported to the designated safeguarding lead or a deputy and recorded. The child's care arrangements will be reviewed, taking account of their wishes and feelings. Parents or carers will normally be involved in the review unless the designated safeguarding lead determines that doing so may place the child at greater risk.

A child's distress or reluctance must not be dismissed simply because they are unable to explain the reason for it.

Concerns or allegations about an adult

Any concern that a member of staff, supply teacher, volunteer, contractor or other adult may have behaved in a way that has harmed a child, may have harmed a child, may pose a risk of harm to children or may otherwise meet the harm threshold must be reported immediately to the headteacher.

Where the concern relates to the headteacher, it must be reported to the chair of governors. The school will follow Part Four of *Keeping Children Safe in Education 2026* and seek advice from the local authority designated officer when appropriate.

Any concern about an adult's behaviour that does not appear to meet the harm threshold but is inconsistent with the Staff Code of Conduct, including conduct that causes discomfort or concern during intimate care, must be reported and managed through the school's low-level-concerns procedure.

Staff must not investigate an allegation themselves, question the child repeatedly or discuss the matter with colleagues who do not need to know. All concerns and allegations will be recorded, stored and shared in accordance with the school's safeguarding procedures, confidentiality requirements and applicable data-protection law.

Safeguarding children and staff

The school recognises that intimate care involves close and sensitive contact and must therefore be carried out with clear professional boundaries, appropriate openness and accountability. The arrangements within this policy are intended to safeguard children while also supporting staff to work safely and confidently.

Staff must follow the child's agreed care plan, the school's Code of Conduct and the safer-working procedures set out in this policy. Intimate care must be recorded promptly, including the names of the staff present and any relevant observations or concerns.

Any concern raised by a child, parent, member of staff or another person will be taken seriously and responded to promptly. Action will not depend upon there being a discrepancy between accounts.

Where a concern or allegation relates to the conduct of an adult, the school will follow the reporting and management procedures set out in the preceding section, the Safeguarding and Child Protection Policy and Part Four of *Keeping Children Safe in Education 2026*. Staff must not investigate the matter themselves or discuss it with anyone who does not need to know.

Children and staff involved will be treated fairly and supported appropriately while safeguarding procedures are followed. The welfare and best interests of the child will remain the primary consideration.

Recording intimate care and informing parents

All intimate care provided by the school will be recorded promptly using the school's agreed recording system or form. The record will include:

- the child's name;
- the date and time;
- the nature of the care provided;
- any relevant observations, including distress, soreness, marks or changes in the child's presentation;
- the names of the members of staff present; and
- any action taken or information shared.

For children who receive regular or planned intimate care, arrangements for communicating with parents or carers will be agreed as part of the child's individual intimate care plan. Parents will not necessarily be contacted after every routine episode of care unless this has been agreed within the plan. They will be provided with appropriate updates at agreed intervals or through an agreed method of communication.

Parents or carers will normally be informed on the same day when:

- intimate care has been provided unexpectedly and the child does not have an individual intimate care plan;
- the care provided differed significantly from the child's usual arrangements;
- the child became distressed or refused care;
- there was an accident, injury or concern about the child's health;
- unusual marks, soreness or changes in presentation were observed;
- clothing or care supplies need to be replaced; or
- staff consider that the child's care plan should be reviewed.

Where urgent medical attention is required, parents or carers will be contacted as soon as possible in accordance with the school's medical and emergency procedures.

Any safeguarding concern will be reported immediately to the designated safeguarding lead or a deputy and recorded on the school's safeguarding recording system. Parents will normally be

informed unless the DSL advises that doing so could place the child at greater risk or compromise a safeguarding response.

Intimate care records will be factual, stored securely and accessed only by staff who need the information to support or safeguard the child. Records will be retained and shared in line with guidance and the school's data-protection policy, privacy notices and records-retention schedule.

Appendix 1

(Letter to parent(s) outlining policy/procedures and their consent to carry out 'intimate care')

WOLSEY HOUSE PRIMARY SCHOOL

Dear Parents,

I am writing to you regarding occasions when your child may need support with intimate care routines. We have drawn up the attached guidelines to ensure that your child's needs are met in a professional and dignified manner at all times.

I would be grateful if you could sign and return the slip below once you have read the guidelines in our policy on the school's website and agree to the school carrying out 'intimate care' procedures when necessary.

Yours sincerely,

Headteacher

I have read a copy of the School's 'Intimate Care Policy.'

I agree to the school carrying out 'intimate care' on my son/daughter when necessary.

Signed:_____

Name:_____

Name of child:_____

Child's Class:_____

Date:_____

Appendix 2: TOILET TRAINING/CHANGING RECORD (to be completed after each 'intimate care' activity)

Key Code: D – Dry W – Wet BM – Bowel Movement C – Changed Ch – Checked no change needed

Class:					
Child's Name:	Date:	Time	Key Code	Additional Notes	Members of Staff (Sign)

Appendix 3

Wolsey House Primary School

INTIMATE CARE PLAN

For pupils who need regular support with toileting, washing, menstrual care or changing

1. PUPIL AND PLAN DETAILS	
Pupil's name	
Class / year group	
Date plan agreed	
Next review date	*At least annually, or sooner if needs change*

2. CARE NEEDED	
What support is needed?	*Include what the pupil can do independently and the help staff should provide*
When / how often?	*For example: agreed times, when requested, or after an accident*
How should staff communicate?	*Words, signs, prompts, choices or reassurance that work best for the pupil*

3. PRACTICAL ARRANGEMENTS	
Where will care take place?	
Staffing	*Named regular staff, back-up staff and whether one or two adults are required*
Equipment and supplies	*What is needed and who will provide it (parent/carer, school or other)*
Training or health and safety needs	*Write 'none' if no additional training or arrangements are required*
Trips and activities	*Any different arrangements needed away from school*

4. PUPIL'S VOICE, PRIVACY AND DIGNITY	
What matters to the pupil?	*For example: preferred adult, level of help, conversation, privacy, cultural needs or anything they dislike*

5. RECORDING AND INFORMING PARENTS/CARERS	
Agreed arrangements	*Routine care will be recorded. Parents/carers will be informed of unusual events, injury, distress, refusal, concerns or changes in need, and of routine care only where this plan says so.*

If the pupil's needs change, care cannot be provided as planned, or a safeguarding concern arises, staff must inform the designated senior member of staff/DSL without delay.

6. AGREEMENT

Name	Role	Signature	Date

Suggested signatories: parent/carer; pupil where appropriate; designated senior member of staff. Relevant staff should read the plan and confirm this through the school's agreed process.

Wolsey House Primary School

RECORD OF REGULAR INTIMATE CARE

Pupil's name		**Class**	
Plan start date		**Review date**	

Record each occasion briefly. Use the comments box only for information that needs to be passed on, including changes, distress, refusal, injury or concerns. Follow safeguarding procedures immediately where required.

Date	Time	Care provided	Staff initials	Comments / action needed

This record should be stored securely in accordance with the school's Intimate Care Policy and data-protection arrangements.