

Intimate care policy



“Our school is a place where we all come together as one community to learn, have fun and make lasting friendships all under God’s love and care”

Approved by	Full Governing Board
Policy owner	Headteacher and Designated Safeguarding Lead
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Policy statement

St Lawrence Catholic Primary School is committed to ensuring that every child is safe, treated with dignity and able to participate fully in school life. Some children may need help with toileting, changing, continence, menstrual care, washing, medical procedures or other personal care. We will provide appropriate support in a calm, respectful and safeguarding-conscious manner.

A child will not be excluded from school, denied a place, routinely sent home or disadvantaged solely because they are not fully toilet trained or require intimate care. Support will reflect the child's age, development, communication, disability, medical needs, family circumstances and right to privacy. The school will make reasonable adjustments where required.

1 Purpose and scope

This policy applies to all employees, agency staff, volunteers and other adults acting on behalf of the school. It covers planned, regular and occasional intimate care for pupils from Nursery to Year 6, including accidents. It should be read alongside the school's safeguarding and child protection policy, SEND policy, supporting pupils with medical conditions policy, health and safety policy, staff code of conduct, behaviour policy, first aid policy and data-protection arrangements.

2 Definition

Intimate care is any care that involves washing, touching or carrying out a procedure to private areas that most children can carry out for themselves, but which some children cannot manage independently because of age, development, disability, medical need or an unexpected accident. It may include:

- support with using the toilet, wiping, continence products or changing soiled or wet clothing
- washing or cleaning following an accident
- menstrual care where a pupil cannot manage independently
- support with dressing or undressing where private areas may be exposed
- assistance with medical procedures that involve intimate areas, where staff are trained and authorised
- supervision and verbal prompting when this is sufficient

Personal care that does not involve private areas, such as help with coats or shoes, is not normally intimate care, although the same principles of dignity and consent apply.

3 Legal and guidance framework

This policy has regard to current requirements and guidance, including:

- Children Act 1989 and Children Act 2004
- Education Act 2002, including the duty to safeguard and promote pupils' welfare
- Equality Act 2010, including the duty to make reasonable adjustments for disabled pupils
- Special Educational Needs and Disability Code of Practice: 0 to 25 years
- Keeping Children Safe in Education 2026
- Statutory Framework for the Early Years Foundation Stage for group and school-based providers, effective September 2026
- Supporting pupils at school with medical conditions
- UK General Data Protection Regulation and Data Protection Act 2018
- Manual Handling Operations Regulations 1992 and applicable health and safety legislation

4 Core principles

- The child's welfare, dignity, privacy, comfort and safety come first.
- Care will be provided without blame, shame, punishment or unnecessary delay.
- Children will be encouraged to do as much as they can for themselves.
- Staff will explain what they intend to do, seek the child's agreement at each stage and attend to verbal and non-verbal signs of discomfort.
- No more people than necessary will be involved.
- Care will be consistent while remaining responsive to the child's wishes and immediate needs.
- Cultural and religious preferences will be respected where this is safe, practical and compatible with the child's welfare and equality duties.
- Information will be shared only with those who need it to keep the child safe and provide appropriate care.
- Staff must report any safeguarding concern, disclosure, unexplained injury, unusual behaviour or concerning interaction immediately under the safeguarding policy.

5 Roles and responsibilities

Governing body

The governing body ensures that the school has appropriate arrangements, resources, training and oversight, and that the policy is reviewed regularly.

Headteacher

The Headteacher has overall responsibility for implementation, staffing and resources. The Headteacher ensures that intimate care is not used as a reason to refuse admission, exclude a pupil or require inappropriate parental attendance.

Designated Safeguarding Lead

The DSL advises on safeguarding practice, responds to concerns and ensures staff understand reporting routes. Intimate-care records may inform safeguarding assessment but routine care must not be treated as evidence of abuse.

SENDCo and class or key staff

The SENDCo coordinates individual plans where needs are regular, complex or linked to SEND or a medical condition. Class or key staff communicate with families, monitor progress and promote independence.

All staff providing care

Staff must follow the agreed plan or, for an unexpected incident, the procedures in this policy. They must use appropriate protective equipment, preserve privacy, record care accurately, report concerns and seek help when a task is beyond their competence or training.

Parents and carers

Parents and carers should share relevant information, provide required spare clothing and products where agreed, notify the school of changes and work with the school on an appropriate plan. A parent's signature supports partnership but does not remove the school's duty to act in a child's best interests or provide reasonable adjustments.

Pupils

Pupils will be supported to express preferences, communicate discomfort and develop independence. Their views will be given due weight according to age and understanding.

6 Admission, attendance and inclusion

Being continent is not a condition of admission to Nursery or school. The school will not impose a blanket requirement that a parent or carer must come to school to change their child. Where needs are known, arrangements will be planned before entry or as soon as practicable. Where an unanticipated accident occurs, staff will respond promptly using the least intrusive support required.

Persistent continence difficulties may indicate a medical, developmental, emotional or safeguarding need. The school will discuss these sensitively with the family and may recommend advice from appropriate health professionals. Any referral will follow normal consent and safeguarding procedures.

7 Individual intimate care plans

An individual intimate care plan will normally be prepared where support is regular, predictable, complex, medically directed, involves lifting or equipment, or requires specific communication or behavioural approaches. It may form part of an individual healthcare plan, SEND support plan or other pupil plan.

The plan should be developed with the pupil where possible, parents or carers, relevant school staff and health professionals where appropriate. It should specify:

- the nature, frequency and likely duration of support
- the pupil's communication, preferences, consent signals and level of independence
- the agreed procedure, facilities, equipment and hygiene precautions
- named or designated trained staff and contingency cover
- arrangements for privacy, recording, waste disposal and communication with home
- moving and handling requirements and any risk assessment
- what staff should do if the pupil refuses, becomes distressed or the usual arrangement cannot be followed
- review date and triggers for earlier review

Plans will be reviewed at least annually and sooner if the pupil's needs, equipment, staffing or circumstances change. Emergency care will never be withheld merely because a written plan has not yet been completed.

8 Consent, assent and refusal

The school will obtain informed parental agreement for planned intimate care and will involve the child in decisions. Before each episode, the adult will explain in age-appropriate language what help is proposed and seek the child's assent. Staff will stop and reassess if the child says no, resists, freezes, becomes distressed or communicates discomfort, unless immediate action is necessary to prevent significant harm.

If a pupil refuses non-urgent care, staff will preserve privacy, offer choices, allow time, consider another familiar adult and contact a senior leader where needed. Parents may be contacted for advice or assistance, but this should not become the routine default. Any repeated refusal will trigger review of the plan. If urgent care is required to prevent harm, staff will use the least restrictive response and record and report the circumstances.

9 Staffing and safeguarding practice

Intimate care is not automatically a two-adult task. Requiring two adults in every case may undermine privacy and be impractical. The school will determine staffing through a proportionate risk assessment that considers the pupil's needs, the task, communication, moving and handling, staff safety and any known safeguarding risks.

Where one adult provides routine care, another suitable adult should know that the care is taking place and remain available nearby where practicable. Two adults may be required where identified by a care plan or risk assessment, for example for hoisting, significant moving and handling, complex medical procedures, unpredictable distressed behaviour or a specific safeguarding concern.

- Whenever possible, care will be provided by a familiar adult of the pupil's preferred sex, but the child's immediate needs and safety take priority.
- Adults must not take photographs or make recordings during intimate care.
- Doors should provide privacy but must not be locked where this would prevent emergency access. Arrangements should avoid unnecessary exposure while allowing appropriate safeguarding oversight.
- Staff must not make inappropriate comments, show disgust, tease, rush or discuss a pupil's care where others can hear.
- Staff should use only necessary, agreed physical contact.
- A pupil's change in demeanour, marks, soreness, bleeding or disclosure must be responded to in accordance with safeguarding procedures. Staff must not investigate or ask leading questions.
- Any concern about an adult's conduct must be reported immediately under the allegations or low-level concerns procedure.

10 Standard procedure for toileting or changing

1. Check that the area is safe, warm, private and appropriately equipped. Inform an appropriate colleague that care is taking place where required.
2. Explain what support is needed and seek the pupil's agreement. Offer choices and encourage the pupil to complete each step they can manage.
3. Wash hands and put on disposable gloves and an apron where contact with bodily fluids is possible. Use any additional protective equipment identified by risk assessment.
4. Maintain privacy. Expose only the area necessary and for the shortest possible time.
5. Use the pupil's agreed products. Clean from front to back and avoid products to which the pupil may be sensitive. Staff must not carry out an invasive procedure unless specifically trained, authorised and covered by a healthcare plan.
6. Place used disposable products in an appropriate bag or designated waste system. Double-bag soiled clothing and send it home discreetly unless another arrangement is agreed. Do not rinse soiled clothing by hand.
7. Support the pupil to dress and wash and dry their hands. Remove protective equipment safely and wash hands thoroughly.
8. Clean and disinfect the changing surface and any contaminated area using approved products. Store supplies safely.
9. Record the care promptly and share necessary information with parents or carers in the agreed way. Report concerns or significant deviations to the DSL or senior leader.

11 Unexpected accidents

For an isolated wetting or soiling accident, staff will reassure the pupil and assess what help is needed. A child who can change independently should be given privacy, clean clothes and verbal support. Where hands-on help is required, the standard procedure above applies. Parents will be informed sensitively, normally on the same day. A significant illness, repeated diarrhoea, blood, severe pain, injury or other medical concern will be managed under the school's first aid and illness procedures.

The school will keep a small emergency supply of clean clothing and hygiene materials where practicable. Families may be asked to replenish or return borrowed clothing, but care will not be withheld because a child has no spare clothes.

12 Menstrual care

Pupils will have discreet access to menstrual products, toilets and help without embarrassment. Staff will support independence and follow an individual plan where a pupil cannot manage menstrual care. Soiled clothing will be handled discreetly. Unexpected or concerning bleeding will be referred to first aid or medical advice and, where appropriate, safeguarding procedures.

13 Medical procedures, equipment and moving and handling

Only staff who have received suitable instruction and have been assessed as competent may undertake specialist procedures. An individual healthcare plan must describe the procedure, training, consent, equipment, emergency action and record keeping. Staff must not improvise an invasive or clinical procedure.

Where a pupil requires lifting, hoisting, transfer or specialist positioning, the school will obtain an appropriate moving and handling assessment and provide suitable equipment and trained staff. Manual lifting will be avoided where it could place the pupil or staff at risk.

14 Infection prevention and control

- Use standard precautions for all contact with blood or bodily fluids.
- Cover cuts or broken skin and use disposable gloves; use an apron where clothing could be contaminated.
- Wash hands before and after care, even when gloves are used.
- Use designated, easy-to-clean facilities and approved cleaning products.
- Dispose of continence products and clinical waste in accordance with the school's waste arrangements.
- Clean reusable equipment after use according to manufacturer and infection-control instructions.
- Manage spillages promptly and restrict access until the area is safe.
- Seek first aid and report exposure incidents such as bites, sharps injury or bodily fluid contact with eyes, mouth or broken skin.

15 Facilities and supplies

The school will make reasonable use of available facilities and will plan improvements or adjustments where a pupil's needs require them. Facilities should provide privacy, safe access, suitable temperature, handwashing, appropriate waste disposal and a surface or equipment suitable for the pupil's size and needs. Older or heavier pupils must not be changed on a floor or an unsuitable infant changing unit.

Supplies may include gloves, aprons, wipes or agreed cleansing products, disposable bags, surface disinfectant, paper roll, continence products, menstrual products and spare clothing. Products supplied from home must be clearly labelled where appropriate and stored securely yet accessibly.

16 Recording and communication

Routine care will be recorded using the school's agreed log. The record should be factual and proportionate, noting the date and time, type of support, staff involved, any unusual observation or departure from the plan, action taken and whether information was shared with home or a senior leader. Records must avoid unnecessary intimate detail.

A parent may receive a brief verbal, written or electronic update as agreed. Patterns such as increased frequency, pain, constipation, diarrhoea, regression, persistent refusal or emotional distress should be discussed with the SENDCo, DSL or senior leader as appropriate. Records will be stored securely, accessed only on a need-to-know basis and retained under the school's records retention schedule.

17 Training and staff support

Staff who may provide intimate care will receive induction and appropriate refresher training. This will include dignity, consent and communication; safeguarding and allegations procedures; hygiene and infection control; recording; and any pupil-specific procedure. Specialist medical or moving-and-handling training will be provided by a competent professional. Staff should raise concerns about competence, safety or resources promptly and will not be required to perform a specialist procedure for which they are not trained.

18 Educational visits, clubs and off-site activities

Intimate-care needs will be considered in risk assessments and planning so that pupils are not unnecessarily excluded from trips, residentials, clubs or other activities. Plans will cover facilities, travel, staffing, supplies, disposal, privacy and emergencies. Information shared with external providers will be limited to what is necessary.

19 Complaints and concerns

Parents or carers should raise concerns with the class teacher, SENDCo or Headteacher. Complaints will be considered under the school's complaints procedure. Safeguarding concerns will be referred immediately to the DSL. Concerns about the Headteacher should be directed to the Chair of Governors in accordance with the safeguarding policy.

20 Monitoring and review

The Headteacher, DSL and SENDCo will monitor implementation, including whether arrangements are inclusive, dignified, properly recorded and adequately resourced. The governing body will review this policy at least annually and sooner where legislation, statutory guidance, local procedures or school practice changes.

Appendix 1 Individual Intimate Care Plan

Pupil details	Information
Name	
Date of birth and class	
Parent or carer contacts	
Relevant medical or SEND information	
Plan start date and review date	

Planning area	Agreed arrangements
Care required and usual frequency	
What the pupil can do independently	
Communication, consent and signs of distress	
Preferred approach and sequence	
Facilities, products and equipment	
Named or designated trained staff and cover	
Privacy and staffing arrangements	

Moving and handling or risk controls	
Action if pupil refuses or becomes distressed	
Recording and communication with home	
Health professional advice or emergency action	

Agreement	Name, signature and date
Pupil where appropriate	
Parent or carer	
School representative	
Health professional where involved	

Appendix 2 Intimate Care Record

Use one line for each episode. Record only necessary, factual information. Store securely.

Date and time	Care or support provided	Staff initials	Observation or variation	Home or senior staff informed

Appendix 3 Risk Assessment Prompts

Consideration	Questions and controls
Pupil	Age, size, mobility, communication, sensory needs, behaviour, health, consent and privacy preferences
Task	Routine or urgent; level of exposure; contact with bodily fluids; invasive or specialist elements

People	Competence, familiarity, gender preference, lone working, number of adults and contingency cover
Place	Privacy, emergency access, temperature, surfaces, handwashing, waste disposal and accessibility
Equipment	Suitability, servicing, cleaning, storage, continence products, hoist or changing bench
Safeguarding	Known concerns, record keeping, signs of distress, allegations procedure and reporting route
Emergency	Refusal, illness, injury, equipment failure, staffing shortage and need for clinical advice

Appendix 4 Parent and Carer Information

Please tell the school if your child may need help with toileting, changing, continence, menstruation or another aspect of intimate care. We will work with you and your child to agree respectful arrangements. Children will not be blamed or punished for accidents, and the school will not routinely require parents to leave work or attend school to change their child. Please provide any agreed spare clothing, continence products or prescribed items and let us know promptly if needs change.

Reference documents

- Department for Education, Keeping Children Safe in Education 2026
- Department for Education, Statutory Framework for the Early Years Foundation Stage for group and school-based providers, effective 1 September 2026
- Department for Education, Supporting pupils at school with medical conditions
- Department for Education, Equality Act 2010: advice for schools
- Department for Education and Department of Health, SEND Code of Practice: 0 to 25 years