Intimate Care Policy

Nursery • EYFS • SEND • Medical & Continence Needs

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Key reference framework

- Department for Education, Keeping Children Safe in Education 2026 (in force from 1 September 2026).
- Department for Education, Early Years Foundation Stage statutory framework for group and school-based providers (in force from 1 September 2026).
- Department for Education, Supporting pupils at school with medical conditions (current statutory guidance; DfE states the existing guidance remains in force pending a future update).
- SEND Code of Practice: 0 to 25 years.
- Equality Act 2010 and the school's duties relating to disability and reasonable adjustments.
- Working Together to Safeguard Children (current statutory guidance).

Part A – Whole-School Intimate & Personal Care Policy

1. Purpose and principles

Hall Green Primary School is committed to ensuring that every child who requires intimate or personal care is supported safely, respectfully and inclusively. Care will preserve dignity and privacy, promote independence, take account of the child's age, development, communication and SEND/medical needs, and place safeguarding at the centre of practice.

Intimate care may include nappy/pad changing, support with toileting, cleaning after continence accidents, assistance with dressing/undressing, menstrual hygiene, washing, and other personal care that involves contact with areas of the body normally regarded as private.

2. Scope

This policy applies to all pupils who require intimate or personal care, including children in Nursery/EYFS and pupils with SEND, disabilities, continence needs or medical conditions. It applies to all employees and other adults authorised by the school to provide such care.

3. Core expectations

- The child's welfare, dignity and best interests are paramount.
- Staff will explain what they are going to do in language or communication appropriate to the child and seek the child's cooperation.
- Children will be encouraged to do as much for themselves as they can safely manage.
- Care will never be used as a punishment or withheld as a consequence.
- Privacy will be balanced with safeguarding and appropriate accountability.
- Only the minimum necessary physical contact will be used.
- Staff will follow the agreed care plan and risk assessment where these are in place.
- Any safeguarding concern, disclosure, unexplained injury/mark or concerning presentation will be reported promptly under the school's safeguarding procedures.

4. Roles and responsibilities

Headteacher

Ensures suitable arrangements, staffing, facilities, training, risk management and policy implementation are in place.

Designated Safeguarding Lead (DSL)

Ensures intimate-care practice is consistent with safeguarding procedures and responds to concerns, disclosures, allegations and low-level concerns in accordance with KCSIE and school policy.

SENCO

Coordinates personalised arrangements for pupils with SEND and ensures links with EHCP provision, reasonable adjustments and relevant external professionals.

Staff providing care

Follow the agreed procedure, preserve dignity, promote independence, record care where required, report concerns immediately and undertake relevant training.

Parents/carers

Share relevant information, provide agreed supplies where appropriate, contribute to plans and notify the school of significant changes to the child's needs.

5. Consent, voice and cooperation

Parents/carers should be involved in planned, regular intimate-care arrangements. The school will also listen to the child and take account of their wishes, communication and level of understanding. A child who is distressed or refuses care should not be forced except where immediate action is necessary to protect health or safety. Staff should pause, reassure, consider an alternative familiar adult or approach, and seek advice from a senior leader if needed.

6. Staffing and safer working

The school will identify staff who are competent and appropriately trained for the care required. There is no blanket requirement in this policy for two adults to be present for every routine intimate-care task. Staffing arrangements will reflect the child's needs, the environment, the risk assessment and safeguarding considerations. Where two-person support is required for moving/handling, behaviour, medical or safeguarding reasons, this will be specified in the individual plan.

Staff must not use personal mobile phones or personal devices during intimate care. Doors/screens and changing arrangements should protect privacy while maintaining appropriate safeguarding and access to assistance.

7. Facilities, hygiene and infection control

- Use an appropriate, clean and safe changing/toileting area.
- Wash hands before and after care and use PPE in accordance with infection-control procedures.
- Use disposable gloves/aprons where exposure to bodily fluids is reasonably anticipated.
- Clean/disinfect changing surfaces and equipment between children as required.
- Dispose of nappies/pads and contaminated waste in accordance with local waste arrangements.
- Store clean supplies and children's personal items hygienically and securely.
- Place soiled clothing in an appropriate sealed bag/container for return or disposal in accordance with agreed arrangements.

8. Recording

Routine recording arrangements will be proportionate to the child's needs and the school's agreed procedure. Regular intimate care for an individual pupil should be supported by an agreed plan and an appropriate record. Records must be factual, respectful and stored securely. Safeguarding concerns must be recorded on CPOMS if needed.

9. Safeguarding concerns

Staff must not investigate safeguarding concerns themselves. If a child makes a disclosure, presents with an unexplained injury/mark, soreness or other concern, or a member of staff becomes worried about a child's welfare, they must respond calmly, record factual information and report promptly to the DSL/deputy DSL in accordance with the school's safeguarding policy. Concerns or allegations about an adult must follow the school's whistleblowing procedures.

10. Medical, SEND and moving/handling needs

Where intimate care is connected to a medical condition, the child's Individual Healthcare Plan should be considered and health-professional advice obtained where necessary. Where the child has SEND or a disability, reasonable adjustments and individual communication/sensory needs must be considered. Any lifting, transfer or specialist positioning must follow the child's moving-and-handling plan and staff training.

11. Equality, inclusion and admission

Continence or personal-care needs will be considered individually. The school will not apply a blanket expectation that a child must be toilet trained before accessing Nursery or education. Decisions will take account of individual need, safeguarding, health, disability and reasonable-adjustment duties.

12. Training and review

Staff undertaking intimate care will receive information and training proportionate to the task, which may include safeguarding, infection control, continence, communication, moving/handling and specific medical procedures. Individual plans should be reviewed when needs change and at agreed intervals. This policy should be reviewed at least annually and sooner if statutory/local guidance changes.

Part B – Nappy Changing & Toileting Procedure

Before care

1. Check the child's agreed plan and gather all required supplies before beginning.

2. Ensure the changing/toileting area is safe, clean and appropriately private.

3. Explain to the child what is going to happen and encourage them to participate as independently as possible.

4. Wash hands and put on appropriate PPE.

During care

1. Maintain respectful communication and protect the child's dignity.

2. Use the least assistance necessary and avoid unnecessary exposure or contact.

3. Never leave a child unattended on a raised changing surface.

4. Clean the child using the agreed method and products; use individual items only.

5. Observe without deliberately examining the child. If an injury, mark, soreness or other concern is noticed, follow safeguarding/medical procedures.

6. Fit a clean nappy/pad or support the child to dress, encouraging independence.

After care

1. Dispose of waste safely and bag soiled clothing appropriately.

2. Clean/disinfect surfaces and equipment in accordance with infection-control arrangements.

3. Remove PPE safely and wash hands; support the child to wash their hands.

4. Complete the agreed care record.

5. Report any safeguarding, health, skin-integrity, continence or equipment concern to the appropriate person.

Continence accidents

Children must be treated calmly and without shame. Staff should provide appropriate assistance, clean clothing and reassurance. Persistent or significant changes in continence should be discussed with parents/carers and, where appropriate, the SENCO/medical lead so that health advice or an individual plan can be considered.

Part C – Individual Intimate Care Plan

Child's name	
DOB / year group / class	
Parent/carer contacts	
Relevant SEND / medical / continence information	
Communication method / how the child indicates yes, no, pain or distress	
Care required and frequency	
What the child can do independently	
Exact assistance staff may provide	
Preferred routines / sensory considerations	
Equipment / products / PPE required	
Named/familiar staff arrangements (if applicable)	
Links to IHP / EHCP / moving & handling plan / risk assessment	
Plan review date	

Agreed response if the child refuses or becomes distressed

Safeguarding / health escalation arrangements specific to this child

Name/role	Signature	Date
Parent/carer		
School representative		
Child/young person where appropriate		

Part D – Parent/Carer Agreement for Intimate & Personal Care

This form records the agreed routine support for a child. It does not prevent staff from taking reasonable action in an unexpected situation to protect a child's health, safety or dignity, nor does it replace safeguarding duties.

Child's name	
Class/year	
Care agreed	
Frequency / likely times	
Products/supplies provided by family	
Information the family wants staff to know	
How changes will be communicated	
Review date	

I confirm that I have discussed these arrangements with the school and will inform the school of relevant changes to my child's needs.

Parent/carer name	Signature	Date

Part E – Intimate Care Record

Date	Time	Care provided	Staff initials/name	Any concerns reported

Child: _____

Important: safeguarding concerns must also be recorded and reported through the school's safeguarding process; this care log is not a substitute.

Part F – Individual Intimate Care Risk Assessment

Child: _____ Assessor: _____ Date: _____

Hazard / issue	Who may be harmed / how	Existing controls	Further action / owner	Review
Moving / transfers / physical assistance				
Falls / changing surface / environment				
Distress / refusal / behaviour				
Communication difficulties				
Exposure to bodily fluids / infection				
Privacy / safeguarding / lone working				
Equipment / hoist / specialist seating				
Skin integrity / allergies / products				

Overall additional controls / emergency arrangements:

Assessor signature: _____ Parent/carer contribution recorded: Yes / No Review date: _____

Part G – Staff Quick-Reference Guidance

DO

- Know the child's plan before providing planned intimate care.
- Explain what you are doing and communicate throughout.
- Promote independence and preserve dignity.
- Use appropriate PPE and infection-control measures.
- Record care as required by the child's plan/procedure.
- Report safeguarding concerns promptly to the DSL/deputy DSL.
- Report concerns about an adult using the school's allegations/low-level concerns route.
- Ask for assistance when a task requires two people or falls outside your training.

DO NOT

- Force routine care when a child is distressed or refusing, unless immediate action is necessary for health/safety.
- Make jokes, shame, criticise or discuss a child's continence/personal care inappropriately.
- Use personal phones or take photographs during intimate care.
- Carry out a medical or moving/handling procedure you are not trained/authorised to perform.
- Investigate a safeguarding disclosure or ask leading questions.
- Promise confidentiality to a child.
- Ignore unexplained marks, soreness, significant changes or concerns.

If a child makes a disclosure

Listen, remain calm, take the child seriously, do not investigate, do not promise secrecy, explain that you need to share the information with people who can help, make a factual record and report immediately in line with the school's safeguarding procedure.

Part H – Menstrual & Personal Hygiene Support Procedure

Some pupils, including pupils with SEND, may require support to manage menstruation and associated personal hygiene. Support must be individual, dignified, age/development appropriate and consistent with the pupil's communication and care plan.

- Agree the level of assistance with the pupil and parent/carer where appropriate, and record it in the individual plan.
- Provide discreet access to appropriate sanitary products, disposal facilities, spare clothing and washing facilities.
- Encourage the pupil to complete as much of the task independently as possible.
- Explain each step before providing physical assistance and use the minimum contact necessary.
- Use PPE and infection-control procedures where contact with bodily fluids may occur.
- Record assistance where this forms part of the pupil's regular intimate-care plan.
- Report unexpected bleeding, significant pain, skin concerns or other health concerns through the agreed medical/parental route.
- Report any safeguarding concern immediately in accordance with the school's safeguarding policy.

Reference links for policy review

Keeping Children Safe in Education 2026: https://www.gov.uk/government/publications/keeping-children-safe-in-education--2

EYFS statutory framework: https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2

Supporting pupils with medical conditions: https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3