



Making a difference, as we grow together

Intimate care and toileting policy

Alderman Pounder Infant and Nursery School



Approved by:	Governing Body	Date: AWAITING
Last reviewed on:	March 2026	
Next review due by:	Autumn 2026	

Contents

1. Aims	3
2. Legislation and statutory guidance	3
3. Definition	3
4. Role of parents/carers.....	4
5. Role of staff	4
6. Intimate care procedures	5
7. Monitoring arrangements	7
8. Links with other policies	8
Appendix 1 - Parental Permission for Intimate Care	9
Appendix 2 – Intimate Care Plan (following discussion)	10
Appendix 3 - Toileting Discussion with Parents/Carers and child (if appropriate)	12
Appendix 4 – Individual Intimate Care Record	14
Appendix 5 – Ad-Hoc Intimate Care Record (Shared Running Record)	15
Appendix 6 – Nursery Intimate Care Record	17
Appendix 7 – Soiled Changing Procedure (Step-by-step).....	19

1. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of children are safeguarded
- Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

2. Legislation and statutory guidance

This policy complies with statutory safeguarding guidance – KCSIE.

It also complies with our funding agreement and articles of association.

3. Definition

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves, but some children are unable to do it because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management, as well as more ordinary tasks such as help with washing, toileting or dressing.

It also includes supervision of pupils involved in intimate self-care.

4. Role of parents/carers

4.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to sign a consent form.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents/carers (see section 4.2 below).

Where a care plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person, by telephone or by sealed letter, not through the home/school diary. Staff will also record this on the 'Ad-Hoc Intimate Care Record' (see [Appendix 5](#))

4.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (when possible) and any relevant health professionals.

The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents/carers will be consulted.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

See [appendix 2](#) for a blank template plan to see what this will cover.

4.3 Sharing information

The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant information regarding any intimate matters as needed.

4.4 Record Keeping

A written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long-term health conditions for children and young people).

Accurate records should be kept whenever a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. (See [Appendix 4](#), [5](#) and [6](#))

These records will be kept in the child's file or class file and available to parents/carers on request.

5. Role of staff

5.1 Which staff will be responsible

Wherever possible, a familiar adult will be responsible for the intimate care of a child. Where this is not possible (such as in the event of staff absence), the child's immediate needs will be prioritised.

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5.2 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures

They will also be encouraged to seek further advice as needed.

6. Intimate care procedures

6.1 Communication with Children

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

- Make eye contact at the child's level
- Use simple language and repeat if necessary
- Wait for response
- Continue to explain to the child what is happening even if there is no response
- Treat the child as an individual with dignity and respect

6.2 How procedures will happen

Every child's right to privacy and modesty will be respected. We operate remote supervision for the majority of children during intimate care. This means the adult delivering intimate care will inform another adult that care is about to be administered. The door will be pushed to but not locked, allowing for spot checks but also for the carer to call on more support if required. The other adult will make spot checks during some instances of intimate care.

Spot checks will be recorded on the child's intimate care record. In some instances, it may be more appropriate for two carers. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

The intimate care can be carried out by a member of staff of either gender with the following provisions:

- When intimate care is being carried out, all children have the right to dignity and privacy, i.e. they should be appropriately covered, the door pushed to or screens/curtains put in place
- If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately, and a DSL informed. Try to ascertain why the child is distressed and provide reassurance
- Always ask the child's permission before carrying out a task
- Report any concerns to the designated safeguarding lead and make a written record, in line with safeguarding procedures
- All staff have an enhanced DBS with barred list check.

When carrying out procedures, the school will provide staff with protective gloves and aprons, cleaning supplies, changing mats and bins.

For pupils needing routine intimate care, the school expects parents to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents at the end of the day.

Assisting a child to change their clothes in the event of a toileting accident

On occasions an individual child may require some assistance with changing if, for example they have an accident at the toilet, gets wet outside, or has vomit on their clothes etc. Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given. Staff will always ensure that the child is given the opportunity to change in private, unless the child is in such distress that it is not possible to do so.

Changing a child who has soiled themselves (Nappy changing procedure)

In Foundation Stage 1 (Nursery) this is a common occurrence due to the age and immaturity of the children who attend. The child's needs are paramount and they should be comforted and reassured throughout. The following guidelines outline our procedures but we will also seek to make age-appropriate responses.

We will follow the Nappy changing procedure below:

- The child will be given the opportunity to change their underwear in private and carry out this process themselves.
- If a child is not able to complete this task unaided, school staff will attempt to support to change the child.
- The member of staff who has assisted a pupil with intimate care will follow child protection/safeguarding guidelines.
- Ensure the child is happy with who is changing them.
- Be responsive to any distress shown.
- Parents should provide nappies/clean underwear, wipes and sacks (and creams if needed).
- Nappies will be checked regularly (around every 2 and a half hours).
- Gather all the necessary items needed before each nappy change, for example, nappy, wipes, nappy sack, cream if necessary (where cream is used the child should have their own named cream and written permission obtained from the parent).
- Ensure the nappy changing area is clean.

- Put on PPE including gloves and apron. You should use a new set of PPE for each nappy change.
- Approach the child and say or sign that it's time for a nappy change
- Support the child on to the nappy changing mat
- Remove the child's clothing to access the nappy. Remove the nappy and place it inside the nappy sack.
- If the child's clothes are soiled, they should be bagged separately and sent home, they should not be rinsed by hand.
- Using the wipes, clean the child from front to back and place the used wipes in the nappy sack. Tie the nappy sack and put it in a pedal operated bin.
- Put on a clean nappy and apply cream if necessary (see above).
- Take off the gloves and apron and place them in the appropriate bin.
- Dress the child.
- Always help the child to wash their hands using liquid soap, warm water and paper towels.
- Wash your hands using soap and warm water
- Take the child back to the room
- Return to the nappy changing area, clean the changing mat, surrounding area and underneath the mat before leaving to dry. Then wash and dry your hands.
- Record the intimate care completed in the **ORANGE** changing folder.

Procedures will be carried out in assigned toileting areas in the different parts of school, depending on the age of the child and which part of school they are normally in.

When carrying out procedures, the school will provide staff with:

- Protective gloves
- Aprons
- Changing mat or bed (depending on area of school building)
- Cleaning supplies
- Clinical waste bins

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, wipes, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, and discreetly returned to parents/carers at the end of the day.

6.3 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to a Safeguarding Lead.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

7. Monitoring arrangements


This policy will be reviewed by the SENCO and approved by the governing board every year.

8. Links with other policies

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- Health and safety
- Code of Conduct
- SEND
- Supporting pupils with medical conditions

Appendix 1 - Parental Permission for Intimate Care

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE 	
Name of child	
Date of birth	
Name of parent/carer	
Address	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	<input type="checkbox"/>
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>
<p>I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident).</p> <p>Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed).</p> <p>I understand that if the school cannot reach me or my emergency contact, if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.</p>	<input type="checkbox"/>
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	

A separate Intimate Care Plan is required for all children in Reception to Year 2 who regularly need intimate care due to health or medical reasons which have delayed continence.

Appendix 2 – Intimate Care Plan (following discussion)



INTIMATE CARE PLAN

PARENTS/CARERS

Name of child	
Type of intimate care needed E.g. child-soils and requires assistance/ supervision with cleaning themselves, disposal of soiled pad/ underwear and re-clothing, child needs assistance with feeding etc.	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
CHILD	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

Appendix 3 - Toileting Discussion with Parents/Carers and child (if appropriate)

Planning for Intimate Care

Pupil's name:.....

D.O.B:.....

Meeting date:.....

	Discussion	Actions
Working towards independence E.g. taking pupil to toilet at timed intervals, rewards		
Arrangements for nappy changing E.g. who, where, privacy		
Level of assistance needed E.g. undressing, hand washing, dressing		
Moving and handling needs E.g. equipment, training needs, hoisting equipment		
Infection control E.g. wearing gloves, nappy disposal		
Sharing information E.g. nappy rash, infection, family/cultural customs		
Resources needed E.g. toilet seat, step, nappies, creams, nappy sacks, change of clothes, gloves		
Facilities Changing table/bed Suitable toilet identified? <ul style="list-style-type: none"> • Grab rails • Step Adaptions required? <ul style="list-style-type: none"> • Locker for supplies • Hot and cold water • Lever taps • Mirror at suitable height • Disposal unit/bin • Hoist • Other moving and handling equipment • Emergency alarm • Other 		
Family provided supplies Nappies/pads Catheters Wipes		

Spare clothes Other		
School provided supplies Toilet rolls Antiseptic cleanser Cloths/paper towels Soap Disposable gloves/aprons Disposal sacks Urine bottles Bowl/bucket Milton/sterilising fluid Other		
Good practice <ul style="list-style-type: none"> • Advice sought from Health professionals? • Moving and Handling Co-ordinator? • Parent/carer views • Pupil's views How does child communicate? Agree use of language to be used Preferences for gender of carer Training required for staff? Awareness raising for all staff Other		
PE issues Discreet clothing required? Privacy for changing? Other		
Support <ul style="list-style-type: none"> • Designated staff • Back-up staff • Training for back-up staff • Transport • School visits • After school clubs Toilet management/intimate care plan to be prepared By whom When To be reviewed when		

Appendix 4 – Individual Intimate Care Record

Please use the following format to record all intimate care carried out for an individual with a PICP.

Child's name: _____ Class: _____

Date:	Start Time:	End Time:	Comments: (e.g. <i>wet / soiled / dry</i>)	Staff Member(s):

Once this form is completed, please hand it to the Office Team to be stored centrally. Personal Intimate Care records are safeguarding records and therefore must be retained until the child's 25th birthday.

Appendix 5 – Ad-Hoc Intimate Care Record (Shared Running Record)

Please use the following format to record all intimate care carried out on children who do not have an individual Personal Intimate Care Plan, but whom may need ad-hoc changing or support. For example, where a child accidentally wet themselves and needs support changing, please record this ad-hoc care here.

Child's Name:	Date:	Start Time:	End Time:	Comments: (e.g. <i>wet / soiled</i>)	Staff Member(s):

Once this form is completed, please hand it to the Office Team to be stored centrally. Personal Intimate Care records are safeguarding records and therefore must be retained until the child's 25th birthday.

Appendix 6 – Nursery Intimate Care Record

Please use the following format to record all intimate care carried out on children in Potting Shed, all of whom should have a signed intimate care consent form (appendix 1)

Week Commencing: _____

Child's Name:	Mon AM	Mon PM	Tues AM	Tues PM		Weds AM	Weds PM	Thurs AM	Thurs PM	Fri AM	Fri PM
_____ Time S / W / D Staff Initials											
_____ Time S / W / D Staff Initials											
_____ Time S / W / D Staff Initials											
_____ Time S / W / D Staff Initials											
_____ Time S / W / D Staff Initials											
_____ Time S / W / D Staff Initials											
_____ Time S / W / D Staff Initials											

Once this form is completed, please hand it to the Office Team to be stored centrally. Personal Intimate Care records are safeguarding records and therefore must be retained until the child's 25th birthday.

Appendix 7 – Soiled Changing Procedure (Step-by-step)

- ✓ Take the child to the F2 disabled toilet, F1 disabled toilet or main school disabled toilet (outside as appropriate).
- ✓ Verbally and discreetly, let another adult know you are about to change a child who is soiled so they can be available to supervise/witness if required.
- ✓ Ensure the supervision of the rest of the children is not compromised.
- ✓ The child is to remain standing in the toilet area, unless detailed in their PICP otherwise.
- ✓ Put PPE on. Disposable apron, mask and gloves.
- ✓ Always narrate to the child what you are doing, in a calm and relaxed manner. E.g “ Now, I am going to get the wipes out. Next, I need you to take off your shoes...”
- ✓ Get out nappy (or pull up/ clean pants), wipes and bag from the child’s bag (or use school spare clothing if none provided).
- ✓ Ask child to remove their own shoes, socks and trousers.
- ✓ Remove child’s soiled underwear/ pull up.
- ✓ Soiled nappies must be placed in a nappy sack and tied at the top and placed in the nappy bin in the disabled toilet.
- ✓ Ask the child to bend down and touch their toes to enable the adult to clean them.
- ✓ When changing a boy, you wipe them back to front and in the crease of their legs
- ✓ When changing a girl, you wipe them front to back and in the crease of their legs
- ✓ Put a new pull up or clean pants on the child. Ask the child to help with pulling up.
- ✓ Ask child to re-dress themselves into their clean trousers, sock, shoes. Support as necessary.
- ✓ Ask child to wash their hands for 20 seconds using soap and warm tap and dry with paper towel.
- ✓ Once the child has been changed and removed from the changing area, the surface should be cleaned with a detergent spray or antibacterial wipes and left to dry.
- ✓ Take off PPE, dispose of correctly in PPE waste bin and wash your hands with soap, warm water and dry with paper towels.
- ✓ Record changing in the changing log sheet on the **ORANGE** folder in toilets area.

Remember:

If you notice anything unusual in how the child behaves or any injuries on their body while carrying out Personal Intimate Care, please consult a Designated Safeguarding Lead (DSL) immediately and then log your concerns on CPOMs.